

Find the Piedmont plan that's right for you.



On the Piedmont website at www.pchp.net

- *Compare our plans at your convenience*
- *Done in the privacy of your home*
- *Safe and secure online connection*

With your local insurance broker or agent

- *Knowledgeable assistance*
- *Takes care of enrollment*
- *Reminds you about renewing*



Or at healthcare.gov

- *A full list of available plans*
- *Many website improvements*
- *Ability to review associated Affordable Care Act laws*



Piedmont Individual Health Care Coverage Plan Guide

2018
HMO - Point of Service Plan

EFFECTIVE JAN. 1, 2018


PIEDMONT COMMUNITY HEALTHCARE HMO, INC.

2316 Atherholt Road
Lynchburg, VA 24501
434-947-4463 800-400-PCHP
www.pchp.net


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2316 Atherholt Road • Lynchburg, VA • 24501

PIEDMONT HMO - POS INDIVIDUAL MARKETPLACE PLAN GUIDE

AV	Plan Name	Deductible (Individual/Family)	PCP Office Visit	Specialist Office Visit	Urgent Care	Other Services Performed in Office ¹	PPACA Preventive Care Services	Therapy Office Visits (PT,OT,ST)	Adult Vision (19 & above) ²	Emergency Room ³	Advanced Imaging (MRI,CT) ⁹	Hospital / Facility Expenses	Out-of-Pocket Maximum Medical and Rx Combined (Individual/Family)	Prescription Drug					Rx Deductible (Individual/Family)
														Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
G	Gold 1500/30/50 HMO - POS	\$1,500 / \$4,500	\$30	\$50	30% AD	30% AD	\$0	30% AD	Not Covered	50% AD	50% AD	30% AD	\$5,500 / \$11,000	\$15	\$45	50% AD	50% AD	50% AD	Integrated with Medical
S	Silver 6000/20% HMO - POS	\$6,000 / \$12,000 ⁵	\$40 BD / 20% AD ⁷	20% AD	20% AD	20% AD	\$0	20% AD	Not Covered	50% AD	50% AD	20% AD	\$7,350 / \$14,700	\$10	\$45	50% AD	50% AD	50% AD	Integrated with Medical
S	Silver 4000/40/20% HMO - POS	\$4,000 / \$8,000 ⁵	\$40	20% AD	20% AD	20% AD	\$0	20% AD	Not Covered	50% AD	50% AD	20% AD	\$7,000 / \$14,000	\$20	\$50	50% AD	50% AD	50% AD	Integrated with Medical
S	Silver 3000/25% HMO - POS	\$3,000 / \$6,000	\$35 BD / 25% AD ⁷	25% AD	25% AD	25% AD	\$0	25% AD	Not Covered	50% AD	50% AD	25% AD	\$7,350 / \$14,700	\$20	\$50	50% AD	50% AD	50% AD	Integrated with Medical
B	Bronze 5400 HMO - POS	\$5,400 / \$10,800 ⁵	\$45 BD / 35% AD ⁷	35% AD	35% AD	35% AD	\$0	35% AD	Not Covered	50% AD	50% AD	35% AD	\$7,350 / \$14,700	35% AD	35% AD	50% AD	50% AD	50% AD	Integrated with Medical
B	Bronze 6200 HMO - POS	\$6,200 / \$12,400 ⁵	\$45 BD / 30% AD ⁷	30% AD	30% AD	30% AD	\$0	30% AD	Not Covered	50% AD	50% AD	30% AD	\$7,350 / \$14,700	30% AD	30% AD	50% AD	50% AD	50% AD	Integrated with Medical
B	Bronze Standard 6650 HMO - POS	\$6,650 / \$13,300 ⁵	\$35	\$75	\$75	40% AD	\$0	40% AD	Not Covered	40% AD	40% AD	40% AD	\$7,350 / \$14,700	\$35	35% AD	40% AD	45% AD	45% AD	Integrated with Medical
C	Catastrophic 7350 HMO - POS	\$7,350 / \$14,700 ⁵	\$40 BD / 0% AD ⁷	0% AD	0% AD	0% AD	\$0	0% AD	Not Covered	0% AD	0% AD	0% AD	\$7,350 / \$14,700	0% AD	0% AD	0% AD	0% AD	0% AD	Integrated with Medical
B	Bronze HSA 5000 HMO - POS ⁶	\$5,000 / \$10,000 ⁵	35% AD	35% AD	35% AD	35% AD	\$0	35% AD	Not Covered	50% AD	50% AD	35% AD	\$6,550 / \$13,100	35% AD	35% AD	50% AD	50% AD	50% AD	Integrated with Medical
B	Bronze HSA 6000 HMO - POS ⁶	\$6,000 / \$12,000 ⁵	25% AD	25% AD	25% AD	25% AD	\$0	25% AD	Not Covered	40% AD	40% AD	25% AD	\$6,550 / \$13,100	25% AD	25% AD	50% AD	50% AD	50% AD	Integrated with Medical

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- ¹ Other services performed in office in addition to office visit charge (including but not limited to x-rays, labs, bloodwork, diagnostic tests and surgery)
- ² Adult Vision is not included in these plans
- ³ Emergency Room - Includes services received from a Network or Non-Network Provider in case of emergency
- ⁴ All Coinsurance refers to percent of Allowable Charge after deductible (AD)
- ⁵ Plan contains integrated Medical and Prescription Drug Deductible
- ⁶ HSA contains an embedded deductible
- ⁷ Copayment (deductible does not apply) for office visits 1-3; then x% of AC after deductible
- ⁸ Copayment applies after Medical Deductible has been met
- ⁹ Outpatient/Office Advanced Imaging Services (MRI, CT Scan, etc.)

The Affordable Care Act established four levels of coverage, “Metal Tiers”, based on the concept of “Actuarial Value”, a term that refers to the share of health care expenses the plan will cover on average.

Metal Tier	Actuarial Value
Platinum	90%
Gold	80%
Silver	70%
Bronze	60%

NOTE:

All benefits described herein are subject to other benefit limits and exclusions as described in the Policy and Schedule of Benefits. Please read all plan documents together carefully. ACA required **Pediatric Dental** benefits are **NOT** included in these plans. Separate coverage may be obtained on the Marketplace. All plans listed are Calendar Year. Tier 1 is Generic; Tier 2 is Preferred Brand; Tier 3 is Non-Preferred Brand; Tier 4 is Preferred Specialty; Tier 5 is Non-Preferred Specialty.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage”. **These plans do provide minimum essential coverage.**

Does this Coverage Provide Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **These plans do meet the minimum value standard for the benefits they provide.**

Piedmont Community HealthCare HMO complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Piedmont Community HealthCare HMO cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Piedmont Community HealthCare HMO 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

