

# A Plan that includes **CARE in America**

## Includes PPO coverage + Concierge Care on steroids

**St Louis & Southern Illinois**  
**Foundation@CAREinAmerica.org**

### Summary of Benefits Effective January 1, 2022

You get it ALL →	<i>Concierge Care on steroids</i>	<b>PPO In-Network Benefits</b>	<b>PPO Out of Network Benefits</b>
		80 / 20	60 / 40
<b>Delivering Care &amp; Paying for Care</b>	delivers 99.4% of all medical & surgical care FREE (see below)	pays for care after copays, deductibles & co-insurance (see below)	
<b>Maximum Benefit – Service Limits</b>	no limits on services, no pre-certification	traditional limits on numbers of visits and types of services, pre-certification requirements (see below)	
<b>Maximum Lifetime Benefit \$ Amount</b>	Unlimited		
<b>Maximum Annual Benefit \$ Amount</b>	Unlimited		
<b>Individual Deductible</b>	\$ 0	\$900	\$1,800
<b>Family Deductible</b>	\$ 0	\$1,800	\$3,600
<b>Individual Out of Pocket Max</b> (includes deductibles, coinsurance & copays combined with prescription drug benefits)	\$ 0	\$3,800	\$7,600
<b>Family Out of Pocket Max</b> (includes deductibles, coinsurance & copays combined with prescription drug benefits)	\$ 0	\$7,600	\$15,200
<b>Physician professional services</b> Office visits, Childbirth & Surgeries	\$ 0	Office visits: \$25 copay Childbirth & Surgeries: 20% co-ins	40% co-insurance
<b>Specialist &amp; Surgeon professional svc</b> Office visits, Childbirth & Surgeries	\$ 0	Office visits: \$25 copay Childbirth & Surgeries: 20% co-ins	40% co-insurance
<b>Preventive Care</b>	\$ 0	\$25 copay	Not covered
<b>Urgent Care</b>	\$ 0	\$25 copay	40% co-insurance
<b>Emergency Room</b>	N/A	\$150 copay	\$150 copay
<b>Hospital Inpatient – physician / surgeon</b>	\$ 0	20% co-insurance	40% co-insurance
– facility fees	N/A	20% co-insurance	40% co-insurance
<b>Outpatient Surgery - physician / surgeon</b>	\$ 0	20% co-insurance	40% co-insurance
– facility fees	\$ 0	20% co-insurance	40% co-insurance
<b>Diagnostic Services</b>	\$ 0	20% co-insurance	40% co-insurance
<b>Home Health Care</b>	N/A	20% co-insurance	40% co-insurance
<b>Outpatient Rehabilitation</b> (Includes Speech, Physical and Occupational Therapy)	\$ 0 no limits	20% co-insurance limited to 60 visits combined per calendar year	40% co-insurance limited to 60 visits combined per calendar year; speech tx not covered
<b>Chiropractic Care</b>	\$ 0 no limits	Chiropractic: limited to 26 visits per yr	Eye Exam: reimbursement up to \$42
<b>Routine Eye Care</b>		Eye Exams: \$10 copay	
<b>Routine Foot Care</b>		Lenses & Frames: separate	
<b>Mental Health Inpatient - physicians</b>	\$ 0	20% co-insurance	40% co-insurance
- facility fees	N/A	20% co-insurance	40% co-insurance
<b>Mental Health Outpatient</b>	\$ 0	\$25 copay: office visit 20% co-insurance: other services	40% co-insurance
<b>Chemical Dependency</b> (see Mental Health – Inpt & Outpt above)	\$ 0: physicians PPO covers facility fees	see above	see above
<b>PRESCRIPTION DRUGS</b> <b>Retail Drugs</b> (30-day supply) available only with complete plan	Specialty drugs: may cost you \$0 or a reduced amount	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand \$55	Not covered
<b>Mail Order Drugs</b> (up to 90-day supply) available only with complete plan	Specialty drugs: may cost you \$0 or a reduced amount	Generic: \$25 Preferred Brand \$90 Non-Preferred Brand \$135	Not covered

This material is for informational purposes only. It contains only a partial, general description of plan benefits.

**Employers pay: \$205/month Single ; \$495 Family**  
**Employees pay: \$205/month Single ; \$495 Family**

*Life, Liberty & Pursuit of Happiness*

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