

EPO – PPO Benefit Differences

Wicomico County Public Entities Consortium (WCPE)

Wicomico County, MD & Affiliated Groups; Wicomico County Public Schools; City of Salisbury

	EPO OPTION		PPO OPTION	
	EPO IN-NETWORK	EPO OUT-OF-NETWORK ** (OON)	PPN IN-NETWORK	PPN OUT-OF-NETWORK **
	PLAN PAYMENT	PLAN PAYMENT	PLAN PAYMENT	PLAN PAYMENT
TYPE OF SERVICE				
BENEFIT PERIOD	CALENDAR YEAR		CALENDAR YEAR	
DEDUCTIBLE	NOT APPLICABLE		No deductible if service is rendered by a preferred provider	\$200 individual \$600 family
OUT-OF-POCKET LIMIT	NOT APPLICABLE		\$1200 individual \$3600 family	
LIFETIME MAXIMUM	UNLIMITED		\$1,000,000	
TYPE OF SERVICE	PLAN PAYMENT	PLAN PAYMENT	PLAN PAYMENT	PLAN PAYMENT
HOSPITAL INPATIENT PREADMISSION REVIEW/APPROVAL REQUIRED				
<ul style="list-style-type: none"> ➤ Semi-private room or intensive care unit ➤ Operating room/special treatment room ➤ All medically necessary services ➤ Includes Medical, Surgical, Maternity, Physical Rehab, Psychiatric and Substance abuse Admissions ➤ Extended Care Facility Benefits (when used as an alternative to acute inpatient days) 	100% of "AB"	NO BENEFIT OON	100% of "AB"	80% of "AB" after deductible If a member is admitted without pre-admission review, covered benefits will be reduced by 20%
RADIATION THERAPY, CHEMOTHERAPY & RENAL DIALYSIS				
<ul style="list-style-type: none"> ➤ Outpatient Facility Services ➤ Practitioner in Outpatient Facility ➤ Practitioner in Office 	100% of the "AB"	NO BENEFIT OON	100% of "AB" after \$35 member copay	80% of "AB" after deductible
	100% of the "AB"	NO BENEFIT OON	\$25 member copay	
	100% of the "AB"	NO BENEFIT OON	\$15 member copay	
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY				
<ul style="list-style-type: none"> ➤ Outpatient Facility Services ➤ Practitioner in Outpatient Facility ➤ Practitioner in Office 	50 visits per calendar year (for each modality) \$35 member copay \$25 member copay \$15 member copay	NO BENEFIT OON	Unlimited visits per calendar year \$35 member copay \$25 member copay \$15 member copay	Unlimited visits per calendar year 80% of "AB" after deductible
OTHER SERVICES				
<ul style="list-style-type: none"> ➤ CHIROPRACTIC SERVICES 	20 visits per calendar year at 100% of "AB" after appropriate copay	NO BENEFIT OON	Unlimited visits per calendar year 100% of "AB" after appropriate copay	Unlimited visits per calendar year 80% of "AB" after deductible
<ul style="list-style-type: none"> ➤ ACUPUNCTURE (guidelines apply) 	20 visits per calendar year at 100% of "AB" after appropriate copay	NO BENEFIT OON	Unlimited visits per calendar year 100% of "AB" after appropriate copay	Unlimited visits per calendar year 80% of "AB" after deductible

“AB”= ALLOWED BENEFIT

** Non-Participating providers can bill you up to total charges.

Certain outpatient services require approval to begin or continue outpatient treatment including private duty nursing; home health care; hospice services; artificial insemination and invitro fertilization.

This summary is for comparison purposes only and does not create rights not given through the benefits contract.