



SLUHN EMPLOYEE HEALTH PLAN

2019 Summary of Benefits

This Summary of Benefits provides a general overview of benefits provided. For a more detailed description please refer to the SBC.

PROVIDER NETWORK

All employees must use a St. Luke's facility for all in-patient and out-patient hospital services, all laboratory services and all surgical services in order to receive coverage under the SLUHN Employee Health Plan, administered by Geisinger Health Plan (GHP). St. Luke's employees and dependents must also select a provider from the list of participating providers listed on the Geisinger Health Plan website, www.thehealthplan.com/sluhn.

All providers, both primary care and specialists will be assigned one of three network level designations:

- St. Luke's Care
- Geisinger
- Out-of-Network

Please be advised that only Primary Care Physicians in St. Luke's Care Network are considered to be in-network for primary care. St. Luke's Care Network includes both St. Luke's Physician Group (SLPG) providers as well as a select group of non-employed providers. Those providers do not require any prior authorization prior to an appointment. Primary Care Physicians who are credentialed through GHP, but are not St. Luke's Care Network providers, will be considered out-of-network.

For specialty care, St. Luke's Care Network and an additional group of select specialist physicians are in-network for our employee health plan. Specialty Care Physicians who are credentialed through GHP, but are not listed as in-network for our employee health plan, will be considered out-of-network.

Providers with an out-of-network network level designation are considered out-of-network; no claims will be covered for those providers. If you would like to see an out-of-network provider, an out-of-network request needs to be initiated with the medical management department at Geisinger. To initiate an out-of-network request, please call 866-580-3531.

Urgent Care: St. Luke's Care Now facilities are the only in-network urgent care facilities in Lehigh and Northampton Counties. Any urgent care services received at other facilities in Lehigh and Northampton counties will not be covered services.

To find an in-network primary care physician or specialist, go to www.thehealthplan.com/sluhn.

	What the Participant Pays
Benefits	Services Provided at a St. Luke's Facility or by an In-Network Provider
Deductible	\$200 individual / \$400 family
Out-of-Pocket Maximum (applies to in-network medical and RX expenses only)	\$7,900 individuals / \$15,800 family
Physician & Outpatient Services	
Care in Physician's Office	\$15 in PCP Office / \$25 in Specialist Office
Urgent Care	\$25 / visit
Surgical Services	\$0 after deductible
Telemedicine	\$20 / visit

	What the Participant Pays
Benefits	Services Provided at a St. Luke's Facility or by an In-Network Provider
Preventive Care	
Routine Annual Physical Exam	\$0
Routine Annual Gynecological Exam	\$0
Well-Baby Care/Routine Immunizations	\$0
Hospital Services	
In-patient hospital services	\$0 after deductible
Testing Services	
X-rays and other diagnostic tests	0% after deductible
Lab Services	\$0
Computed Axial Tomography (CAT Scan), Magnetic Resonance Imaging (MRI), and Position Emission Tomography (PET Scan), Magnetic Resonance Angiography (MRA), and nuclear cardiology	\$0 after deductible
Emergency Care	
Hospital Emergency Room and Emergency Ambulance	\$100 / visit (waived if admitted)
Additional Services	
Skilled Nursing Facility Services (limit 100 days/calendar year)	\$0
Home Health Care (limit 50 visits/calendar year)	\$0
Hospice (180 days/calendar year)	\$0
Home Medical Equipment Including Oxygen (must be obtained through Youngs Medical)	\$0 after deductible
Prosthetics and Orthotics	\$0 after deductible
Outpatient Therapy Services	
Speech & Occupational	\$0
Physical Therapy	\$15 copay with a \$200 cap
Occupational Therapy	\$15 copay and a \$200 cap
Chemotherapy, Dialysis, Radiation, Respiratory (Unlimited)	\$0
Cardiac Rehabilitation (limited to 36 sessions per condition)	\$0
Chiropractic Services (limited to 30 visits/calendar year)	20% after deductible
Mental Health	
Inpatient	\$0 after deductible
Outpatient	\$15 / visit
Substance Abuse	
Inpatient	\$0 after deductible
Outpatient	\$15 / visit

	What the Participant Pays
Benefits	Services Provided at a St. Luke's Facility or by an In-Network Provider
Eye Exams	
One eye exam per year *Limited to one exam per calendar year. Available only at Bethlehem Eye Associates, Lehigh Valley Center for Sight, and Valley Eye Group. Frames, lenses and contacts are not covered. Please review the Plan Document for limitations and exclusions.	\$25 Copay
Diabetic Eye Exams Diabetic eye examinations are a covered service (with the appropriate diagnosis) when performed by a participating optometrist. This exam does not include a refraction of the eye.	\$0
Program Annual Limit	Unlimited

Exclusions and Limitations

No payment will be made under any provision of this Plan for expenses incurred by a participant obtaining services from Coordinated Health, Lehigh Valley Physician Group or Lehigh Valley Hospital. Although these facilities participate in the Geisinger Health Plan network, they are considered out-of-network for St. Luke's Health Plan members. Should you receive treatment from any of these physicians or facilities for a non-emergency condition, you will be responsible for the entire cost.

Spousal Coordination Of Benefits Provision

Spouses of St. Luke's employees **are required** to enroll in any health insurance plan offered by their employer if that employer pays any portion of the premium. Should the spouse choose not to enroll in their employer-sponsored plan, benefits under Priority Care Plus will be reduced to 20% for covered services. This provision applies to spouses that are employed both full and part time.

Hospital Services

To receive coverage, all SLUHN Employee Health Plan participants must use a St. Luke's University Health Network facility for care. Non-emergency care provided at a non-St. Luke's facility will not be covered. The only exceptions to this rule are:

1. Obstetrical Care – If you live 30 or more miles (based on your home zip code) from a St. Luke's facility, you will be permitted to use a Geisinger network participating hospital in your area for labor and delivery. This requires prior approval from the Geisinger Health Plan Medical Management department.
2. Services that are determined to be medically necessary to be performed at a facility other than a St. Luke's facility and approved through the out-of-network process.

Emergency care and emergency admissions will continue to be covered, regardless of where the care is provided.

This list of exclusions and limitations is not all inclusive. Please refer to the Summary Plan Description for more in-depth details.