Benefits at a Glance

CONNER STRONG & BUCKELEW

900000 CONNER STRONG HDHP SINGLE

HDHP ACTIVE SINGLE

REQUESTED DATE OF SERVICE:1/1/2023

Please read the important information at the end of this Benefits at a Glance.

This summary shows the Coinsurance percentage the Plan pays for various services. All payments are based on the Plan's allowance for the services performed.

Benefit	IN NETWORK	OUT OF NETWORK[1]
BENEFIT PERIOD	Calendar year*	Calendar year*
DEDUCTIBLE (AGGREGATE)[2 3]		
• Individual	$1,500	$1,500
• Family	$1,500	$1,500
OUT OF POCKET MAXIMUM (EMBEDDED)[4 5]		
• Individual	$6,750	$6,750
• Family	$6,750	$6,750
LIFETIME MAXIMUM	Unlimited	Unlimited
PREVENTIVE SERVICES		
• Preventive Services	100%	Not Covered
• Adult Immunizations	100%	Not Covered
• Pediatric Immunizations	100%	Not Covered
• Biometric Screening 2 Visits per year(IN NETWORK)	100%	Not Covered
OUTPATIENT MEDICAL SERVICES		
• Primary Office Visit/Consultation	80% after deductible	60% after deductible
• Specialist Office Visit/Consultation	80% after deductible	60% after deductible

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Benefit	IN NETWORK	OUT OF NETWORK[1]
URGENT CARE		
• Urgent Care	80% after deductible	60% after deductible
RETAIL CLINIC (MINUTE CLINIC)	80% after deductible	60% after deductible
TELEMEDICINE		
• Telemedicine	Not Covered	Not Covered
THERAPY/COUNSELING SERVICES		
• Physical Therapy 30 Visits per year[6]	80% after deductible	60% after deductible
• Occupational Therapy	80% after deductible	60% after deductible
• Speech Therapy 20 Visits per year[6]	80% after deductible	60% after deductible
• Cardiac Rehabilitation 36 Visits per year[6]	80% after deductible	60% after deductible
• Pulmonary Therapy 36 Visits per year[6]	80% after deductible	60% after deductible
• Orthoptic/Pleoptic Therapy (Vision Therapy) 8 Visits per lifetime[6]	80% after deductible	60% after deductible
EMERGENCY MEDICAL FACILITY		
• Emergency Medical	80% after deductible	80% after deductible
• Non Emergency	80% after deductible	80% after deductible
AMBULANCE SERVICES		
• Emergency Ambulance	80% after deductible	80% after deductible
• Non-Emergency Ambulance	Not Covered	Not Covered
INPATIENT MEDICAL SERVICES		
• Inpatient Hospital Services	80% after deductible	60% after deductible
• Inpatient Professional Services	80% after deductible	60% after deductible
OUTPATIENT SURGICAL PROCEDURES		
• Outpatient Surgical Procedures	80% after deductible	60% after deductible
• Short Procedure Facility	80% after deductible	60% after deductible
DIAGNOSTIC TESTING OUTPATIENT		
• Diagnostic Medical	80% after deductible	60% after deductible
• Simple Radiology	80% after deductible	60% after deductible
• Advanced Radiology	80% after deductible	60% after deductible
• Lab and Pathology	80% after deductible	60% after deductible
MATERNITY CARE		
• Initial Prenatal Care Visit	80% after deductible	60% after deductible
• Subsequent Prenatal Care Visit	80% after deductible	60% after deductible
CRANIAL PROSTHESIS - WIG/HAIRPIECE $300 per lifetime[6]	80% after deductible	80% after deductible

Benefit	IN NETWORK	OUT OF NETWORK[1]
CHIROPRACTIC SERVICES		
• Chiropractic Services 30 Visits per year[6]	80% after deductible	60% after deductible
ALLERGY TESTS	80% after deductible	60% after deductible
ALLERGY INJECTIONS	80% after deductible	60% after deductible
NUTRITIONAL COUNSELING 3 Visits per year[6]	100%	60% after deductible
DIALYSIS/HEMODIALYSIS	80% after deductible	60% after deductible
PRIVATE DUTY NURSING $20,000 per year[6]	80% after deductible	60% after deductible
SKILLED NURSING FACILITY 120 Days per year[6]	80% after deductible	60% after deductible
HOME HEALTH CARE	80% after deductible	60% after deductible
INPATIENT HOSPICE CARE	80% after deductible	60% after deductible
HOME INFUSION THERAPY	80% after deductible	60% after deductible
DURABLE MEDICAL EQUIPMENT	80% after deductible	60% after deductible
ORTHOTICS/PROSTHETICS DEVICES	80% after deductible	60% after deductible
OUTPATIENT MENTAL NERVOUS		
• Psychotherapy Office Visit/Consultation	80% after deductible	60% after deductible
• Psychotherapy Visit	80% after deductible	60% after deductible
DIABETIC SERVICES		
• Diabetic Education	80% after deductible	60% after deductible
• Diabetic Equipment	80% after deductible	60% after deductible
• Diabetic Supplies	80% after deductible	60% after deductible

This summary represents only a partial listing of benefits and exclusions of the Group Health Plan described in this summary. Benefits and exclusions may be further defined by medical policy. As a result, this Group Health Plan may not cover all of your health care expenses. Read your member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the Group Health Plan. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.ibxtpa.com.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to www.ibxtpa.com or call the phone number that is listed on the back of your identification card.

*A calendar year benefit period begins on the first day of the calendar year and ends on the last day of the calendar year. The deductible and out-of-pocket maximum amount starts at $0 at the beginning of each calendar year.

[1]It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

[2]The in- and out-of-network deductibles cross-apply.

[3]All members contribute towards the family deductible and the deductible is only met once the family deductible reaches the maximum.

[4]Out of pocket includes medical and prescription.

[5]Each member contributes towards his or her own out-of-pocket maximum. The out-of-pocket maximum is considered met when he or she reaches the individual out-of-pocket maximum or the family out-of-pocket maximum is met.

[6]Service limits combined across tiers.

Services that require precertification

Conner Strong Precert Effective 4/1/2022

This applies to elective, nonemergency services. Some services or supplies in this list may not be covered by your benefits plan. Please check your benefit plan documents.

Inpatient services

- Elective surgical and nonsurgical inpatient admissions
- Emergency admissions
- Non-emergency (elective) Admissions
- Inpatient Hospice Admissions

Mental health/serious mental illness/substance abuse[1]

- Mental health and serious mental illness treatment - partial hospitalization programs

Specialty drugs that require precertification

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

Antineoplastic agents/ Chemotherapy

- Phesgo™ (pertuzumab/trastuzumab/ hyaluronidase-zzxf)

Bone-modifying agents

- Evenity® (romosozumab-aqqg)
- Prolia® (denosumab)

Chimeric antigen receptor (CAR-T) therapies/ Chemotherapy **

- Abecma™ (idecabtagene vicleucel)
- Breyanzi® (lisocabtagene maraleucel)
- ciltacabtagene autoleucel*
- Kymriah™ (tisagenlecleucel)
- Tecartus™ (brexucabtagene autoleucel)
- Yescarta™ (axicabtagene ciloleucel)

Colony-stimulating factors

- Fulphila™ (pegfilgrastim-jmbd)
- Neulasta®‡ (pegfilgrastim)
- Neulasta Onpro™ (Pegfilgrastim body injector kit)
- Neupogen® (filgrastim)
- Nyvepria™ (pegfilgrastim-apgf)
- Udenyca™ (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)

Endocrine/metabolic agents

- Sandostatin® LAR (octreotide) /chemotherapy
- Somatuline® depot (lanreotide) /chemotherapy

Enzyme replacement agents**

- Cerezyme® (imiglucerase)
- Elelyso® (taliglucerase alfa)
- Fabrazyme® (agalsidase beta)
- Kanuma® (sebelipase alfa)
- Lumizyme® (alglucosidase alfa)
- Naglazyme® (galsulfase)
- Nexviazyme™ (avalglucosidase alfa)
- Revcovi™ (elapegademase-lvlr)
- Vimizim™ (elosulfase alfa)
- VPRIV® (velaglucerase alfa)

Gene Replacement Therapy**

- Luxturna™ (voretigene neparvovec-rzyl)
- Roctavian* (valoctocogene roxaparvovec)
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Zynteglo*

Immunological agents

- Actemra® (tocilizumab)
- Avsola™ (infliximab-axxq)
- Benlysta® (belimumab)
- Entyvio™ (vedolizumab)
- Ilumya™ (infliximab-dyyb)
- Inflectra™ (tildrakizumab-asmn)
- infliximab
- Ixifi™ (infliximab-qbtx)
- Orencia® (abatacept)
- Remicade®‡ (infliximab)
- Renflexis™ (infliximab- abda)
- Saphnelo™ (anifrolumab)
- Simponi® Aria (golimumab for infusion)
- Stelara® (ustekinumab)

Intravenous Immune Globulin/ Subcutaneous Immune Globulin (IVIG/SCIG)**

- Asceniv™
- Bivigam®
- Cutaquig®
- Cuvitru™
- Flebogamma®
- Flebogamma® DIF
- Gammagard® Liquid
- Gammagard® S/D
- Gammaked™
- Gammaplex®
- Gamunex® C
- Hizentra®
- HyQvia®
- Octagam®
- Panzyga®
- Privigen®
- Xembify

Multiple sclerosis agents**

- Ocrevus™ (ocrelizumab)
- Tysabri® (natalizumab)

Ophthalmic agents

- Tepezza™ (teprotumumab-trbw)

Respiratory agents

- Cinqair® (reslizumab)
- Xolair® (omalizumab)

Respiratory enzymes (Alpha-1 antitrypsin)**

- Aralast NP®
- Glassia™
- Prolastin®
- Tezspire™ (effective 7/1/2022)
- Zemaira®

Miscellaneous therapeutic agents

- Adakveo® (crizanlizumab-tmca)
- Crysvita® (burosumab-twza)
- Evkeeza® (evinacumab)
- GamaSTAN® S/D
- Gamifant® (emapalumab-lzsg)
- Givlaari® (givosiran)
- Ilaris® (canakinumab)
- Leqvio® (inclisiran)
- Onpattro™ (patisiran)
- Oxlumo™ (lumasiran)
- Radicava™ (ravulizumab)
- Reblozyl® (luspatercept-aamt)
- Soliris®‡ (eculizumab)
- Ultomiris™ (ravulizumab-cwvz)
- Uplizna™ (inebilizumab)
- Vyepti™ (eptinezumab-jjmr)
- Vyvgart® (efgartigimod)

1Precertification review for this service is provided by Magellan Healthcare, Inc., an independent company.

* Pending FDA approval.

** All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

‡ Precertification requirements apply to all FDA-approved biosimilars to this originator product.

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Direct Ship Drug Program

All drugs on this list require authorization for use of the Direct Ship program.

- 17 alpha hydroxy-progesterone (hydroxyprogesterone caproate)
- Abilify Maintena (aripiprazole)
- Actemra® (tocilizumab)
- Acthar HP (corticotropin)
- Adakveo® (crizanlizumab-tmca)
- Adcetris® (brentuximab vedotin)
- Alimta® (pemetrexed)
- Aralast® (alpha-1 proteinase inhibitor [human])
- Aristada (aripiprazole lauroxil)
- Aristada Initio (aripiprazole lauroxil)
- Aveed® (testosterone undecanoate)
- Benlysta® (belimumab)
- Botox (onabotulinumtoxinA)
- Cerezyme® (imiglucerase)
- Dysport (abobotulinumtoxinA)
- Eligard (leuprolide acetate)
- Entyvio® (vedolizumab)
- Erbitux® (cetuximab)
- Eylea (aflibercept)
- Fabrazyme® (agalsidase beta)
- Faslodex (fulvestrant)
- Firmagon (degarelix)
- Fulphila (pegfilgrastim-jmdb)
- Glassia® (alpha-1 proteinase inhibitor [human])
- Granix (tbo-filgrastim)
- Halaven® (eribulin mesylate)
- Ilaris (canakinumab)
- Intron-A (interferon alfa-2b)
- Invega Sustenna (paliperidone palmitate)
- Invega Trinza® (paliperidone palmitate)
- Irinotecan
- Kadcyla® (ado-trastuzumab emtansine)
- Krystexxa® (pegloticase)
- Kyprolis® (carfilzomib)
- Lemtrada® (alemtuzumab)
- Leukine (sargramostim)
- Lucentis (ranibizumab (intravitreal))
- Lumizyme® (alglucosidase alfa)
- Lupaneta (leuprolide acetate and norethindrone acetate)
- Lupron Depot (leuprolide acetate)
- Luxturna (voretigene neparvovec-rzyl)
- Makena (hydroxyprogesterone caproate)
- Mozobil (plerixafor)
- Myobloc (rimabotulinumtoxinB)
- Nplate (romiplostim)
- Oncaspar® (pegaspargase)
- Onpattro® (patisiran)
- Opdivo® (nivolumab)
- Orencia® (abatacept)
- Ozurdex (dexamethasone)
- Perjeta® (pertuzumab)
- Prolastin®-C (alpha-1 proteinase inhibitor [human])
- Prolia (denosumab)
- Radicava® (edaravone)
- Remicade (infliximab)
- Revcovi® (elapegademase-lvlr)
- Risperdal Consta (risperidone)
- Sandostatin LAR (octreotide acetate)
- Simponi Aria® (golimumab)
- Soliris® (eculizumab)
- Somatuline Depot (lanreotide acetate)
- Stelara (ustekinumab)
- Sublocade (buprenorphine extended-release)
- Supprelin LA (histrelin acetate)
- Synagis (palivizumab)
- Thyrogen (thyrotropin alfa)
- Tysabri® (natalizumab)
- Udenyca (pegfilgrastim-cbqv)
- Valstar® (valrubicin)
- Vantas (histrelin acetate)
- Velcade® (bortezomib)
- Vimizim® (elosulfase alfa)
- Vivitrol (naltrexone)
- VPRIV® (velaglucerase alfa)
- Xeomin (incobotulinumtoxinA)
- Xgeva (denosumab)
- Xiaflex (collagenase clostridium histolyticum)
- Xolair (omalizumab)
- Yervoy® (ipilimumab)
- Zarxio® (filgrastim-sndz)
- Zemaira® (alpha-1 proteinase inhibitor [human])
- Zoladex (goserelin acetate)

For additional information on the Direct Ship program and the forms needed to request the drugs, please see our provider site.

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