

## WellSpan Chamber Plus CALENDAR YEAR 2024

Benefit Period: January 1, 2024 - December 31, 2024

Benefits	Enhanced Network (WellSpan Provider Network) Tier 1	Core Network (Quest Network) Tier 2	Out of Network  All percentages for services represent the Plan Allowance and not the provider's actual charge.  The member is responsible for amounts above the Plan Allowance for non-emergency services.  Tier 3
	DEDUCTIBLE PER	R PLAN YEAR	
Per Covered Person	\$300	\$450	\$900
	Deductibles do not accum		
	TOTAL OUT-OF-POCKET MAX		
Per Covered Person	\$2,7		\$10,250
Per Family Unit	\$4,1		\$20,250
	Pre-certification penalties, non-covered services, amounts over the Plan Maximum includes Medical and Behavioral Health o One member cannot contribute more than the inc	Allowance, etc. do not count toward the out-of-pocket maximum. deductibles, co-insurance, and co-payments.	
TYPE OF EXPENSE	TIER 1	TIER 2	OUT-OF-NETWORK
	Mental Health (MH) and Substance Use D	Disorder (SUD) Higher Levels of Care	
Pre-cc	Emergency S Pre-certification not required. Notification requ  Non-Emergency  strification required - Failure to obtain prior certification for Out-o	uested as soon as reasonably possible.  y Services	
Ambulance Services Refer to SPD for details of coverage	100% (no deductible)	100% (no deductible)	100% (no deductible) <sup>3</sup>
For a series of A Color Francisco	\$200 co-payment (no deductible)		
Emergency Department / Crisis Evaluation	The co-payment is waived if admitted as an inpatient or observation level of care.  Should a prudent layperson, who possesses an average knowledge of health and medicine, believe a serious medical condition exists; the emergency department visit is justified.		
Mental Health Acute Inpatient <sup>1,2</sup> Substance Use Disorder & Short Term Residential (Rehab) <sup>1,2</sup>	5% co-insurance, after deductible	\$200 per-admission co-payment, then 20% co-insurance, after deductible	\$250 per-admission co-payment, then 30% co-insurance, after deductible <sup>3</sup>
Short Term Eating Disorder Residential <sup>1,2</sup>	If a member is admitted to a facility as an inp	atient more than once within a 90 day period for the same condition, they	must only meet one per admission co-payment.
Residential Treatment <sup>2</sup> (Mental Health, Substance Use Disorder, and Autism) Limitation: 120 days maximum benefit per enrolled individual, per plan year	5% co-insurance, after deductible	20% co-insurance, after deductible	50% co-insurance, after deductible <sup>3</sup>
Partial Hospitalization Programs (PHP) <sup>2</sup> Intensive Outpatient Programs (IOP) <sup>2</sup> In-Person and Telehealth PHP/IOP are covered at the same benefit.	5% co-insurance, after deductible	\$200 per-admission co-payment, then 20% co-insurance, after deductible	\$250 per-admission co-payment, then 30% co-insurance, after deductible <sup>3</sup>
Professional Fees (Inpatient) <sup>1</sup>	5% co-insurance, after deductible	20% co-insurance, after deductible	50% co-insurance, after deductible <sup>1,3</sup>
	Outpatient & Telemed Pre-certification is NOT require		
Outpatient and Telehealth	\$10 co-payment (no deductible)	\$25 co-payment (no deductible)	50% co-insurance, after deductible <sup>3</sup>
School-based counseling services <sup>4</sup>	Includes school-based cou	The state of the s	
Biofeedback	5% co-insurance, after deductible	laims must be submitted with appropriate telemedicine modifier or POS of 20% co-insurance, after deductible	50% co-insurance, after deductible <sup>3</sup>
	Specialized Treatment &		
Autism Spectrum Disorders <sup>2</sup>	\$10 co-payment per day	\$25 co-payment per day	50% co-insurance, after deductible <sup>3</sup>
Electroconvulsive Therapy (ECT) <sup>2</sup>	(no deductible)  5% co-insurance, after deductible	(no deductible) 20% co-insurance, after deductible	50% co-insurance, after deductible <sup>3</sup>
Psychological Testing <sup>2</sup> Excludes Educational, Vocational, & Learning Disability testing	5% co-insurance, after deductible	20% co-insurance, after deductible	50% co-insurance, after deductible <sup>3</sup>
Transcranial Magnetic Stimulation (TMS) <sup>2</sup>	5% co-insurance, after deductible	20% co-insurance, after deductible	50% co-insurance, after deductible <sup>3</sup>
	NOTES	S	
Caron Foundation is Tier 1 for Adolescents and Tier 2 for Adults for all WellSpar	n members (eff. 4/1/2021)		
Emergency inpatient services (through an ED) from an In-Network or Out-of-Net	etwork provider or facility are treated at the WellSpan Network (Tier 1) leve	el.	

<sup>4</sup> Effective 3/1/23 - WellSpan has approved benefit coverage for school-based counseling. This includes standard outpatient services performed onsite at the school. In-Network (Tier 1 and Tier 2) only; not covered for OON.