



WellSpan Standard CALENDAR YEAR 2024

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

Benefits	Enhanced Network (WellSpan Provider Network)	Core Network (Quest Network)	Out of Network <i>All percentages for services represent the Plan Allowance and not the provider's actual charge.</i> <i>The member is responsible for amounts above the Plan Allowance for non-emergency services.</i>
	Tier 1	Tier 2	Tier 3
DEDUCTIBLE PER PLAN YEAR			
Per Covered Person	\$550	\$1,200	\$2,050
Per Family Unit	\$1,100	\$2,400	\$4,050
<i>Deductibles do not accumulate across tiers. One member cannot contribute more than the individual deductible to the overall deductible.</i>			
TOTAL OUT-OF-POCKET MAXIMUM PER PLAN YEAR			
Per Covered Person	\$4,500		\$6,750
Per Family Unit	\$8,250		\$12,750
<i>Out-of-Pocket maximums accumulate across Tier 1 and Tier 2 Only. Pre-certification penalties, non-covered services, amounts over the Plan Allowance, etc. do not count toward the out-of-pocket maximum. Maximum includes Medical and Behavioral Health deductibles, co-insurance, and co-payments. One member cannot contribute more than the individual OOP to the family OOP maximum.</i>			
TYPE OF EXPENSE	TIER 1	TIER 2	OUT-OF-NETWORK
Mental Health (MH) and Substance Use Disorder (SUD) Higher Levels of Care			
Emergency Services <i>Pre-certification not required. Notification requested as soon as reasonably possible.</i>			
Non-Emergency Services <i>Pre-certification required - Failure to obtain prior certification for Out-of-Network non-emergency services will result in a \$250 penalty.</i>			
Ambulance Services <i>Refer to SPD for details of coverage</i>	100% (no deductible)	100% (no deductible)	100% (no deductible) ³
Emergency Department / Crisis Evaluation	\$200 co-payment (no deductible)		
	<i>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.</i>		
Mental Health Acute Inpatient ^{1,2} Substance Use Disorder & Short Term Residential (Rehab) ^{1,2} Short Term Eating Disorder Residential ^{1,2}	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ³
Residential Treatment ² (Mental Health, Substance Use Disorder, and Autism) <i>Limitation: 120 days maximum benefit per enrolled individual, per plan year</i>	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ³
Partial Hospitalization Programs (PHP) ² Intensive Outpatient Programs (IOP) ² <i>In-Person and Telehealth PHP/IOP are covered at the same benefit.</i>	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ³
Professional Fees (Inpatient) ¹	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ^{1,3}
Outpatient & Telemedicine (Telehealth) <i>Pre-certification is NOT required for standard OP visits</i>			
Outpatient and Telehealth <i>School-based counseling services ⁴</i>	\$20 co-payment (no deductible)	\$30 co-payment (no deductible)	50% co-insurance, after deductible ³
	<i>Includes school-based counseling (In-Network only)</i>		
	<i>Claims must be submitted with appropriate telemedicine modifier or POS code.</i>		
Biofeedback	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ³
Specialized Treatment & Diagnostic Services <i>Pre-certification is required</i>			
Autism Spectrum Disorders ²	\$20 co-payment per day (no deductible)	\$30 co-payment per day (no deductible)	50% co-insurance, after deductible ³
Electroconvulsive Therapy (ECT) ²	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ³
Psychological Testing ² <i>Excludes Educational, Vocational, & Learning Disability testing</i>	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ³
Transcranial Magnetic Stimulation (TMS) ²	10% co-insurance, after deductible	30% co-insurance, after deductible	50% co-insurance, after deductible ³
NOTES			
Caron Foundation is Tier 1 for Adolescents and Tier 2 for Adults for all WellSpan members (eff. 4/1/2021)			
¹ Emergency inpatient services (through an ED) from an In-Network or Out-of-Network provider or facility are treated at the WellSpan Network (Tier 1) level.			
² Pre-certification is required. Failure to obtain prior certification for Out-of-Network non-emergency services will result in a \$250 penalty.			
³ All out-of-network claims are subject to adjustments for usual, customary, and reasonable (UC&R) charges. The plan does not pay benefits for amounts above the UC&R.			
⁴ 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.			
Effective 4/1/21, WellSpan BEHAVIORAL HEALTH employees (not spouses/dependents) including Quest Behavioral Health Staff, may seek tier 2 treatment and receive tier 1 coverage due to privacy. This is for all levels of care. Quest must be informed that the member is a BH employee. When a BH employee calls to self-identify, please add a member alert: "Member is a BH employee and may see tier 2 providers at the tier 1 coverage level. Please process accordingly."			
Biofeedback. Benefits include biofeedback, a therapeutic modality performed by a licensed provider that uses a special machine to help clients become more aware of certain biological functions (e.g., muscle tension, temperature, etc.). The purpose is to better identify and manage physical responses to stress and certain behavioral health conditions. However, biofeedback which is ordered strictly for medical purposes is not covered under behavioral health benefits.			