Horizon Omnia Plan

Horizon Omnia Plan Summary

Benefit Description	Inspira Inner Circle	Omnia Tier 1	Omnia Tier 2
Annual Deductible	None	$2,000 per person, up to $4,000 per family	$2,500 per person, up to $5,000 per family
Annual Medical Out-of-Pocket Maximum	$6,000 per person, up to $12,000 per family. *Combined across all tiers. Deductible and copays count towards the maximum.*		
Coinsurance *(employee share for select services)*	pay 0%	pay 50%	pay 60%
Doctor's Office Visits			
Primary Care Office Visit	$0	$25 copay	$80 copay
Specialist Office Visit	$30	$50 copay	$160 copay
Routine Adult Physical Exam	$0	$0	$0
Routine OB/GYN Exam	$0	$0	$0
Maternity Care[1]	$0 (first visit only)	$25 (first visit only)	$80 (first visit only)
Well Child Exam	$0	$0	$0
Child Immunizations	$0	$0	$0
Hospital Services			
Inpatient Admission *(including maternity)*	$0	$1,000 copay, then 50% after deductible	$1,000 copay, then 60% after deductible
Surgery in Hospital	$0	50% after deductible	60% after deductible
Inpatient Physician Services	$0	50% after deductible	60% after deductible
Outpatient Services *(non-surgical)*	$0	50% after deductible	60% after deductible
Outpatient Surgery			
Hospital Outpatient Surgery	$0	$500 copay, then 50% after deductible	$500 copay, then 60% after deductible
Surgery in an Ambulatory SurgiCenter	$0	$500 copay, then 50% after deductible	$500 copay, then 60% after deductible
Diagnostics			
Routine Radiology Services	$0	$0	$0
Non-Routine Radiology Services	$0	$40 copay per service	60% after deductible
Hi-Tech Radiology Services[2]	$0	$250 copay per service	60% after deductible
Labs			
Non-Routine Laboratory *(no coverage at freestanding labs other than LabCorp)*	$0	$30 in office or LabCorp/ Quest; Deductible and 50% coinsurance in hospital labs	$30 in office or LabCorp/ Quest; Deductible and 60% coinsurance in hospital labs

[1] An additional copay may also apply to each ultrasound. Precertification is required for more than 3 ultrasounds.

[2] Hi-Tech Radiology Services consist of MRIs/MRAs, PET Scans, CT/CTA scans, and Nuclear Medicine

Horizon Omnia Plan Summary

Benefit Description	Inspira Inner Circle	Omnia Tier 1	Omnia Tier 2
Emergency Services			
Urgent Care	$20 copay	$60 copay	$100 copay
Emergency Room *(copay waived if admitted)*	$100 copay	$100 copay	$100 copay
Ambulance *(ground transport only)*	$0	$0	$0
Mental Health/Substance Abuse			
Inpatient	$0	$1,000 copay, then 50% after deductible	$1,000 copay, then 60% after deductible
Outpatient Facility	$0	$25 copay	60% after deductible
Office Visit	$0	$25 copay	$80 copay
Therapy Services*			
Short-term Therapies: Physical, Occupational, Speech, Respiratory	$0	Physician's Office: $50 copay Inpatient Hospital: 50% after deductible Outpatient Hospital: $50 copay	Physician's Office: $160 copay Inpatient Hospital: 60% after deductible Outpatient Hospital: 60% after deductible
Chiropractic Care *(40 combined visit maximum)*	N/A	$50 copay	$160 copay
Other Services			
Infertility, Physician's Office *(excludes in-vitro fertilization; $5,000 lifetime maximum)*	$0 copay	$50 copay	$160 copay
Dialysis	$0	50% after deductible	60% after deductible
Skilled Nursing (*100 day limit per year combined)*	$0	$1,000 copay, then 50% after deductible	$1,000 copay, then 60% after deductible
Home Health Care	$0	50% after deductible	60% after deductible
Hospice Care	$0	50% after deductible	60% after deductible
Private Duty Nursing	$0	50% after deductible	60% after deductible
Durable Medical Equipment *(Includes prosthetics)*	$0	$0	$0
Diabetic Supplies	$0	$0	$0

** **Therapy maximums per year: Physical Therapy:** 60 days Inpatient, 40 days Outpatient, 3 modalities per visit. **Speech Therapy:** 40 visits per condition. **Occupational Therapy:** 40 visits per condition, 3 modalities per visit. **Pulmonary/Respiratory Rehab:** Unlimited. **Cognitive Therapy:** 40 visits per condition, 3 modalities per visit. **Cardiac Rehab:** Unlimited.*