



LIA Health Alliance
HSA PPO 2500 - 80%

Community Rated

In network \$2500/\$5000 deduct. /80% coins.\$4500/9000 oop max;
Out of Network \$5000/\$10,000 deduct. /60% coins. \$9000/\$18,000 oop max
Pre-certification Limitations

In-network

Out-of-network

Inpatient Hospital Services* performed and billed by a hospital				
Inpatient Hospital Coverage *	Pre-certification	Limitations	In-network	Out-of-network
Inpatient Hospital Coverage *	YES	365 days per confinement	Deductible & Coinsurance	Deductible & Coinsurance
Skilled Nursing Facility Care *	YES	2 days care in SNF=1 day hospital care	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Admission for Medical Rehabilitation * (i.e. PT, Physical Medicine and Rehabilitation)	YES	30 days per calendar year	Deductible & Coinsurance	Deductible & Coinsurance
Hospice Care - inpatient and outpatient *	YES	210 days per lifetime	Deductible & Coinsurance	Covered in-network only

* Failure to Pre-certify will result in a 50% maximum penalty up to \$1000 day , \$2000 max per confinement

Outpatient Hospital Services performed and billed by a hospital or facility				
Pre-Admission Testing	Pre-certification	Limitations	In-network	Out-of-network
Pre-Admission Testing			Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgery * facility charge (free standing)	YES		Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgery * facility charge (OPD hospital)	YES		Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care Services*	YES	200 visits per calendar year	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Lab /Radiology	YES	Pre-cert required for Radiology services in-network only	Deductible & Coinsurance	Deductible & Coinsurance
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full	Deductible & Coinsurance

* Failure to Pre-certify will result in a 50% maximum penalty

Medical Services performed and billed by a Physician or other Medical Provider				
Office visits and diagnostic Copayment for dependent child(ren)/students	Pre-certification	Limitations	In-network	Out-of-network
Office visits and diagnostic Copayment for dependent child(ren)/students			Deductible & Coinsurance	Deductible & Coinsurance
Office visit copayment, including Outpatient clinic visits			Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visits			Deductible & Coinsurance	Deductible & Coinsurance
Maternity Pre-Postnatal Care			Deductible & Coinsurance	Deductible & Coinsurance
Annual Physical Check-up (Adult)			Covered in Full	Deductible & Coinsurance
Preventive Mammography and Pap Smear & Prostate Screening			Covered in Full	Deductible & Coinsurance
Chiropractic Care			Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery		Office	Deductible & Coinsurance	Deductible & Coinsurance
		OP hospital	Deductible & Coinsurance	Deductible & Coinsurance
		Ambulatory freestanding	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Surgery			Deductible & Coinsurance	Deductible & Coinsurance
DME:	(*Precert required when the amt is > \$2000)	\$10,000 Calendar year max	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Lab ¹		Providers office/ Free Standing Facility	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Radiology ^{1*}	YES	Providers office/ Free Standing Facility Pre-cert required in-network only	Deductible & Coinsurance	Deductible & Coinsurance

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Well baby and Child Care				
Well baby and Well Child Care, including Immunizations	Pre-certification	Limitations	In-network	Out-of-network
Well baby and Well Child Care, including Immunizations		up to age 19	Covered in full	Deductible & Coinsurance

Emergency Coverage				
Emergency Room Care facility copay	Pre-certification	Limitations	In-network	Out-of-network
Emergency Room Care facility copay		ER Copay, waived if admitted	Deductible & Coinsurance	Allowed charge, subject to the in-network Deductible & Coinsurance
Emergency Ground Ambulance			N/A	Covered up to 100% of U & C , subject to in-network ded & coins

Inpatient Mental Health & Chemical Dependency *				
Inpatient Mental Health	Pre-certification	Limitations	In-network	Out-of-network
Inpatient Mental Health	YES-applies to only	in-network 30 days /calendar year, no limits for biological based	Deductible & Coinsurance	Deductible & Coinsurance
Chemical Dependency: Detoxification	YES-applies to only	in-network 7 days per calendar year	Deductible & Coinsurance	Deductible & Coinsurance
Chemical Dependency: Rehabilitation	YES-applies to only	in-network 30 days calendar year	Deductible & Coinsurance	Deductible & Coinsurance

Outpatient Mental Health & Chemical Dependency*				
Outpatient Chemical Dependency	Pre-certification	Limitations	In-network	Out-of-network
Outpatient Chemical Dependency	YES-applies to only	in-network 60 visits per calendar year , up to 20 family visits	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Mental Health	YES-applies to only	in-network 30 visits per calendar year, no limits for biological based	Deductible & Coinsurance	Deductible & Coinsurance

* Failure to Pre-certify will result in a 50% maximum penalty

Prescription Coverage				
Various Pharmacy Options available				
*Pre-certification Required				

¹ Non participating providers (anesthesiologist, radiologist, pathologist, asst surgeon) in a network Hospital, Facility, OPD, ambulatory facility or office is covered up to 100% of HIAA at the 90th%ile .

The benefits described here in are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the insurance contract and certificate will govern.