



2022 Centra Community HMO

# Centra Community HMO

Lowest Cost. Focused Network.

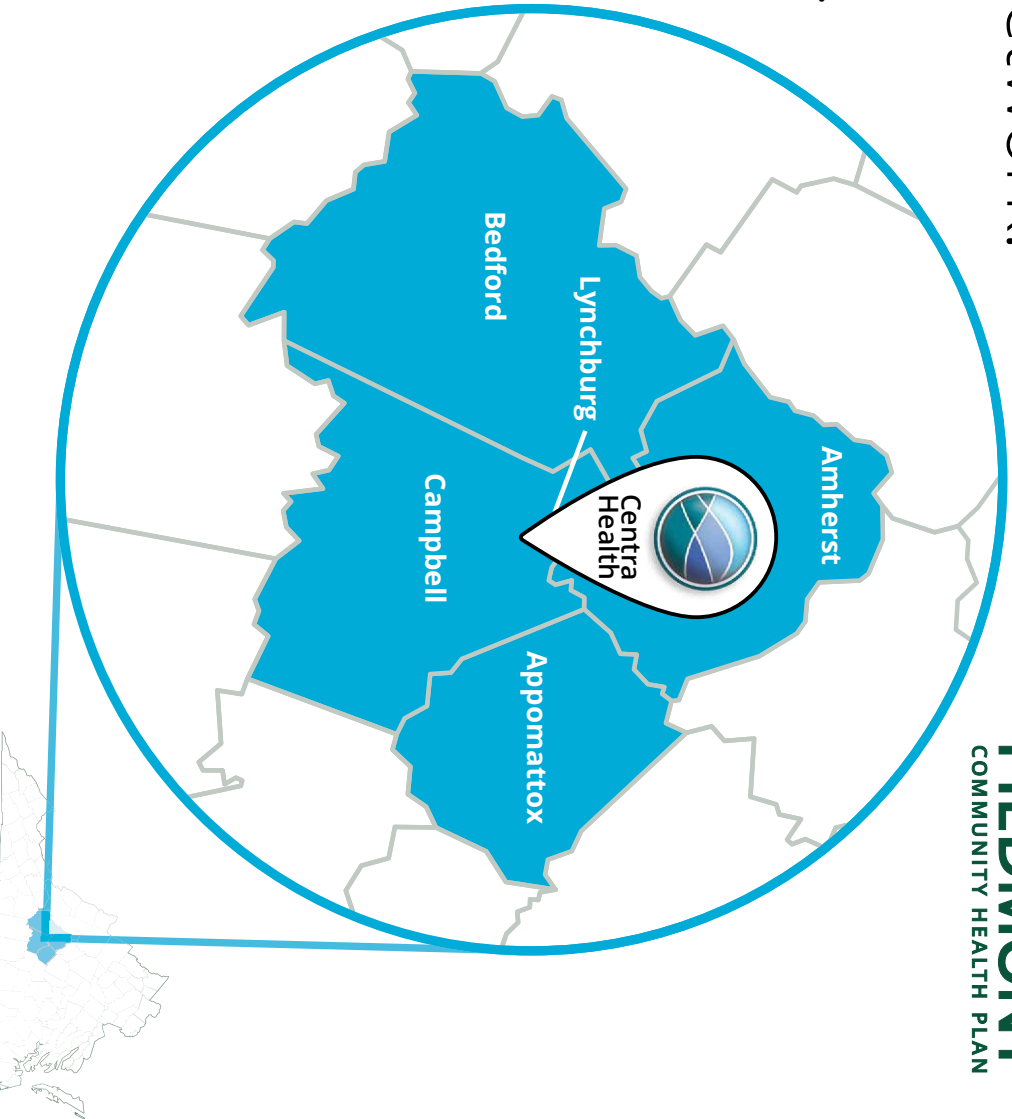
**1,000+ providers in-network**

including all Centra providers and facilities.

- **NO PCP** required
- **NO referrals** for in-network specialists
- **Access to more than 1,000 CVS Minute Clinic** locations across the country
- **Urgent & emergent care** coverage nationwide

Note: There are no out-of-network benefits with HMO plans unless preauthorized by Piedmont.

**PIEDMONT**  
COMMUNITY HEALTH PLAN



Includes more than 99% of doctors in Lynchburg & surrounding counties

# Piedmont Small Group Centra Community HMO Plans

|   |  | In-Network Deductible<br>(Individual/Family) | Out-of-Network Deductible<br>(Individual/Family) | Out-of-Pocket Maximum Medical & Rx Combined<br>(Individual/Family) | PCP Office Visit | Specialist Office Visit | Urgent Care | Other Services Performed in Office <sup>1</sup> | PPACA Preventive Care Services | Therapy Office Visits (PT/OT/ST) | Adult Vision <sup>2</sup> | Emergency Room <sup>3</sup> | Advanced Imaging (MRI/CT) <sup>8</sup> | Hospital/Facility Expenses <sup>4</sup> | Prescription Drug   | Rx Deductible<br>(Individual/Family) |
|---|--|--|--|--|------------------|-------------------------|-------------|---|--------------------------------|----------------------------------|---------------------------|-----------------------------|--|---|---|--------------------------------------|
| G | Piedmont HMO Gold 750/30/60/150 <sup>6</sup>       | \$750 / \$2,250                              | Not Covered                                      | \$6,000 / \$12,000   | \$30             | \$60                    | \$60        | \$0   | \$0                            | \$35                             | \$20                      | \$300 AD + 30% AD           | 15% AD/25% AD                          | 25% AD                                  | Tier 1: \$15<br>Tier 2: \$50<br>Tier 3: 30% AD <sup>6</sup><br>Tier 4: 30% AD <sup>6</sup><br>Tier 5: 30% AD <sup>6</sup> | \$150 / \$300                        |
| G | Piedmont HMO Gold 1500/30/60/150 <sup>6</sup>      | \$1,500 / \$3,000                            |  | \$6,500 / \$13,000   | \$30             | \$60                    | \$60        | \$0   | \$0                            | \$35                             | \$20                      | \$300 AD + 30% AD           | 20% AD/30% AD                          | 30% AD                                  |   | \$150 / \$300                        |
| G | Piedmont HMO Gold 2000/25/50/150 <sup>6</sup>      | \$2,000 / \$4,000                            |  | \$4,500 / \$9,000  | \$25             | \$50                    | \$50        | \$0   | \$0                            | \$30                             | \$20                      | \$350 AD + 30% AD           | 20% AD/30% AD                          | 30% AD                                  |   | \$150 / \$300                        |
| G | Piedmont HMO Gold 3000/30/50/150 <sup>6</sup>      | \$3,000 / \$6,000                            |  | \$5,500 / \$11,000   | \$30             | \$50                    | \$50        | \$0   | \$0                            | \$35                             | \$20                      | \$350 AD + 30% AD           | 20% AD/30% AD                          | 30% AD                                  |   | \$150 / \$300                        |
| G | Piedmont HMO Gold 4000/40/60/150 <sup>6</sup>      | \$4,000 / \$8,000                            |  | \$4,000 / \$8,000  | \$40             | \$60                    | \$60        | \$0   | \$0                            | \$45                             | \$20                      | 0% AD                       | 0% AD/0% AD                            | 0% AD                                   |   | \$150 / \$300                        |
| S | Piedmont HMO Silver 2000/50/75/250 <sup>6</sup>    | \$2,000 / \$4,000                            | Not Covered                                      | \$8,000 / \$16,000   | \$50             | \$75                    | \$75        | \$0   | \$0                            | \$55                             | \$20                      | \$350 AD + 50% AD           | 40% AD/50% AD                          | 50% AD                                  | Tier 1: \$15<br>Tier 2: \$50<br>Tier 3: 30% AD <sup>6</sup><br>Tier 4: 30% AD <sup>6</sup><br>Tier 5: 30% AD <sup>6</sup> | \$250 / \$500                        |
| S | Piedmont HMO Silver 3200/40/60/250 <sup>6</sup>    | \$3,200 / \$6,400                            |  | \$8,550 / \$17,100   | \$40             | \$60                    | \$60        | \$0   | \$0                            | \$45                             | \$20                      | \$350 AD + 30% AD           | 20% AD/30% AD                          | 30% AD                                  |   | \$250 / \$500                        |
| S | Piedmont HMO Silver 4000/50/75/250 <sup>6</sup>    | \$4,000 / \$8,000                            |  | \$8,000 / \$16,000   | \$50             | \$75                    | \$75        | \$0   | \$0                            | \$55                             | \$20                      | \$350 AD + 50% AD           | 40% AD/50% AD                          | 50% AD                                  |   | \$250 / \$500                        |
| S | Piedmont HMO Silver 5000/40/60/250 <sup>6</sup>    | \$5,000 / \$10,000                           |  | \$8,000 / \$16,000   | \$40             | \$60                    | \$60        | \$0   | \$0                            | \$45                             | \$20                      | \$350 AD + 30% AD           | 20% AD/30% AD                          | 30% AD                                  |   | \$250 / \$500                        |
| S | Piedmont HMO Silver 6500/50/75/250 <sup>6</sup>    | \$6,500 / \$13,000                           |  | \$8,550 / \$17,100   | \$50             | \$75                    | \$75        | \$0   | \$0                            | \$55                             | \$20                      | \$350 AD + 50% AD           | 40% AD/50% AD                          | 50% AD                                  |   | \$250 / \$500                        |
| B | Piedmont HMO Bronze 7700/75/95/500 <sup>6</sup>    | \$7,700 / \$15,400                           | Not Covered                                      | \$8,700 / \$17,400   | \$75             | \$95                    | \$95        | \$0   | \$0                            | \$75                             | \$20                      | \$350 AD + 50% AD           | 40% AD/50% AD                          | 50% AD                                  | Tier 1: \$15<br>Tier 2: \$50<br>Tier 3: 50% AD <sup>6</sup><br>Tier 4: 50% AD <sup>6</sup><br>Tier 5: 50% AD <sup>6</sup> | \$250 / \$500                        |
| S | Piedmont HMO Silver HSA 2850/20%/5500 <sup>5</sup> | \$2,850 / \$5,700 <sup>7</sup>               | Not Covered                                      | \$5,500 / \$11,000   | 20% AD           | 20% AD                  | 20% AD      | 20% AD  | \$0                            | 20% AD                           | \$20                      | 20% AD                      | 10% AD/20% AD                          | 20% AD                                  | Tier 1: \$15 AD<br>Tier 2: \$50 AD<br>Tier 3: 30% AD<br>Tier 4: 30% AD<br>Tier 5: 30% AD                                  | Integrated with Medical <sup>7</sup> |
| S | Piedmont HMO Silver HSA 4500/0%/6000 <sup>5</sup>  | \$4,500 / \$9,000 <sup>7</sup>               |  | \$6,000 / \$12,000   | 0% AD            | 0% AD                   | 0% AD       | 0% AD   | \$0                            | 0% AD                            | \$20                      | 0% AD                       | 0% AD/0% AD                            | 0% AD                                   |   |                                      |
| B | Piedmont HMO Bronze HSA 6900/0%/6900 <sup>5</sup>  | \$6,900 / \$13,800 <sup>7</sup>              | Not Covered                                      | \$6,900 / \$13,800   | 0% AD            | 0% AD                   | 0% AD       | 0% AD   | \$0                            | 0% AD                            | \$20                      | 0% AD                       | 0% AD                                  | 0% AD                                   | Tiers 1-5: 0% AD  | Integrated with Medical <sup>7</sup> |

## EFFECTIVE JAN. 1, 2022

- 1 Other services performed in office in addition to office visit charge (including but not limited to x-rays, labs, bloodwork, diagnostic tests and surgery)
- 2 Adult Vision is limited to one routine eye exam per year
- 3 Emergency Room includes services received from a Network or Non-Network Provider in case of emergency
- 4 Coinsurance refers to percent of Allowable Charge after deductible
- 5 HSA contains an embedded deductible
- 6 Plan has a separate prescription drug deductible
- 7 Contains an integrated medical and prescription drug deductible
- 8 Advanced Imaging - Office/Free-Standing / Advanced Imaging - Outpatient Facility

The Affordable Care Act established four levels of coverage, "Metal Tiers," based on the concept of "Actuarial Value," a term that refers to the share of health care expenses the plan will cover on average:

| METAL TIER | ACTUARIAL VALUE |
|------------|-----------------|
| Platinum   | 90%             |
| Gold       | 80%             |
| Silver     | 70%             |
| Bronze     | 60%             |

## NOTES:

All benefits described herein are subject to other benefit limits and exclusions as described in the Evidence of Coverage and Schedule of Benefits. Please read all plan documents together carefully.

ACA required **Pediatric Dental** benefits are **NOT** included in these plans. Separate coverage must be obtained by the group.

These plan designs are only applicable to small groups with 1-50 FTE employees.

The Geographical Service Area for this Product includes: the city of Lynchburg; and the counties of Amherst, Appomattox, Bedford and Campbell; all in the Commonwealth of Virginia.

- Tier 1: Generic;  
Tier 2: Preferred Brand;  
Tier 3: Non-Preferred Brand;  
Tier 4: Preferred Specialty;  
Tier 5: Non-Preferred Specialty.
- \* This is an HMO Product with a more limited Provider Network than our Choice POS Product contains.
- \* There are no Out-of-Network benefits for services that have not been Preauthorized by Piedmont (except Emergency/Urgent Care).