



Georgia Municipal Employees Benefit System

Open Access HMO 80% Plan

Schedule of Benefits

Effective January 1, 2025

In addition to copayments, members are responsible for any applicable coinsurance. Members are also responsible for all costs over the plan maximums, where applicable.

Some services may require pre-certification before services are covered by the Plan. Please see the Benefits Booklet under Getting Approval for Medical Benefits for additional information. Primary Care Physician (PCP) selection is encouraged, but not required. No referrals are required.

Deductibles, Coinsurance and Maximums	In-Network Benefit Level No Coverage for Out-of-Network
Calendar Year Deductible*	
Individual	\$500
Family	\$1,500
Coinsurance	Plan pays 80%, Member pays 20% Coinsurance
Lifetime Maximum	Unlimited
Out-of-Pocket Calendar Year Maximums*	
Medical	\$2,650 individual/\$5,300 family
Rx	\$4,450 individual/\$8,900 family
<p>*All family members covered under the Plan contribute toward the Family deductible and Family Out-of-Pocket Maximums. The most any one family member contributes is the Individual amount. Once the Family amount is satisfied, there is no further accumulation for any family members for the remainder of the calendar year.</p> <p>The following do not apply to the deductibles or the Out-of-Pocket Maximums: Premiums, charges by Out-of-Network providers, any amount above the Maximum Allowed Amount (see Benefits Booklet for definition), and charges for health care this Plan doesn't cover.</p>	
Covered Services	In-Network Benefit Level (No Coverage Out-of-Network)
Office Visits: Preventive Care	
• Well-child care, immunizations	\$0 PCP copayment or \$0 Specialist copayment
• Annual Wellness Exam	\$0 PCP copayment or \$0 Specialist copayment
• Annual gynecology examination/mammography	\$0 PCP copayment or \$0 Specialist copayment
• Prostate screening	\$0 PCP copayment or \$0 Specialist copayment
Illness or Injury	
• Primary Care Physician (PCP) office visit (includes lab, radiology and office surgery)	\$25 copayment
• LiveHealth Online healthcare provider visit	No charge
• Specialist Physician office visit	\$35 copayment
• Second surgical opinion (PCP referral required)	\$35 copayment
• Maternity (prenatal, postnatal)	\$0 copayment
• Allergy care (office visit, testing, serum and allergy shots)	\$25 PCP copayment or \$35 Specialist copayment
• Medical Chats/Virtual Visits from LiveHealth Online or K Health, through their affiliated Provider groups, or through Sydney App.	No charge
• Virtual Health Support- Healthy Back & Joints (LiveHealth Online); Healthy Blood Pressure (Live Health Online); Diabetes Support (Lark App)	No charge
Emergency/Urgent Care Services (See Benefits Booklet for information about coverage of Out-of-Network emergency/urgent care)	
• Life-threatening illness, serious accidental injury	\$200 copayment (waived if admitted) (Same for Out-of-Network. See Benefits Booklet for details)
• Non-emergency use of the emergency room	Not covered
• Urgent Care Center	\$60 copayment
• Ambulance (when medically necessary)	Plan pays 80% (Same for Out-of-Network. See Benefits Booklet for details)
Inpatient Services	
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Plan pays 80%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 80%

Open Access HMO 80% continued
Effective January 1, 2025

Covered Services	In-Network Benefit Level (No Coverage Out-of-Network)
Outpatient Services	
• Surgery facility/hospital charges	Plan pays 80%
• Diagnostic x-ray and lab services	Plan pays 80%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 80%
Therapy Services	
• Speech Therapy	Plan pays 80%; 20-visit calendar year maximum
• Physical, Occupational Therapy	Plan pays 80%; 20-visit calendar year maximum
• Chiropractic	\$30 co-pay office visit; Plan pays 80% for other services after deductible; 30 visit per calendar year maximum.
• Respiratory Therapy	Plan pays 80% 40-visit calendar year maximum
• Radiation Therapy, Chemotherapy	Plan pays 100%
Mental Health/Substance Abuse Services Services may be accessed by calling 1-800-292-2879.	
• Inpatient (facility fee)	Plan pays 80%
• Inpatient (physician fee)	Plan pays 80%
• Inpatient Substance Abuse Detoxification (facility fee)	Plan pays 80%
• Inpatient Substance Abuse Detoxification (physician fee)	Plan pays 80%
• Partial Hospitalization Program (facility and physician fee)	Plan pays 80%
• Intensive Outpatient Program (facility and physician fee)	Plan pays 80%
• Professional Outpatient Services	\$25 copayment
• LiveHealth Online healthcare provider visit	No charge
• Medical Chats/Virtual Visits from LiveHealth Online or K Health, through their affiliated Provider groups.	No charge
• Virtual Health Support- Healthy Back & Joints (LiveHealth Online); Healthy Blood Pressure (Live Health Online); Diabetes Support (Lark App)	No charge
Other Services	
• Skilled Nursing Facility	Plan pays 80%; 90-day calendar year maximum
• Home Health Care	Plan pays 80%; 120-visit calendar year maximum
• Hospice Care	Plan pays 100%
Pharmacy Covers up to a 30-day supply (retail) or 90 day supply (mail order/CVS retail); If generic is available and member requests brand-name drug, member pays the applicable co-pay plus the difference in cost between the brand and generic drug. Specialty drugs can be filled one time at retail before moving to Aetna Specialty Pharmacy.	
Retail max 30 day supply	
Generic	\$10 copayment
Formulary Brand	\$35 copayment
Non-formulary Brand	\$60 copayment
Mail order/CVS retail pharmacy max 90-day supply	
Generic	\$20 copayment
Formulary Brand	\$70 copayment
Non-formulary Brand	\$120 copayment

The information contained in this summary does not represent a guarantee of the benefits, nor does it change or modify the governing documents underlying the Plan. In the event of a conflict between the information provided and the terms of the governing plan documents, eligibility for benefits and payment of benefits, if any, will be determined in accordance with and subject to applicable governing plan documents.