

# Benefits at a Glance

LEVEL CARE HEALTH

PLAN I BENEFIT SUMMARY

013292 PLAN I

PLAN I

Please read the important information at the end of this Benefits at a Glance.

This summary shows the Coinsurance percentage the Plan pays for various services. All payments are based on the Plan's allowance for the services performed.

<b>Benefit</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK<sup>1</sup></b>
<b>BENEFIT PERIOD</b>	Calendar year*	Calendar year*
<b>DEDUCTIBLE (EMBEDDED)<sup>2,3</sup></b>		
• Individual	\$300	\$300
• Family	\$600	\$600
<b>OUT OF POCKET MAXIMUM (EMBEDDED)<sup>4,5</sup></b>		
• Individual	\$2,000	\$3,200
• Family	\$4,000	\$6,400
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>PREVENTIVE SERVICES</b>		
• Preventive Services	100%	75% after deductible
• Adult Immunizations	100%	75% after deductible
• Pediatric Immunizations	100%	75% after deductible
<b>OUTPATIENT MEDICAL SERVICES</b>		
• Primary Office Visit/Consultation	\$15 copay	75% after deductible
• Specialist Office Visit/Consultation	\$30 copay	75% after deductible
• Podiatry	\$30 copay	75% after deductible

<b>Benefit</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK<sup>1</sup></b>
<b>URGENT CARE</b>		
• Urgent Care	\$15 copay / specialist \$30	75% after deductible
<b>RETAIL CLINIC (MINUTE CLINIC)</b>	\$15 copay	75% after deductible
<b>TELEMEDICINE</b>		
• Telemedicine	\$15 copay / specialist \$30	Not Covered
<b>THERAPY/COUNSELING SERVICES</b>		
• Physical Therapy	\$30 copay	75% after deductible
• Occupational Therapy	\$30 copay	75% after deductible
• Speech Therapy	80% after deductible	75% after deductible
• Cardiac Rehabilitation	80% after deductible	75% after deductible
• Pulmonary Therapy	\$30 copay	75% after deductible
• Orthoptic/Pleoptic Therapy (Vision Therapy)	\$30 copay	75% after deductible
<b>EMERGENCY MEDICAL FACILITY</b>		
• Emergency Medical <sup>6</sup>	\$100 copay / 100%	\$100 copay / 100%
• Non Emergency	\$100 copay / 100%	\$100 copay / 100%
<b>AMBULANCE SERVICES</b>		
• Emergency Ambulance	80% after deductible	80% after deductible
• Non-Emergency Ambulance	80% after deductible	80% after deductible
<b>INPATIENT MEDICAL SERVICES</b>		
• Inpatient Hospital Services	80% after deductible	75% after deductible
• Inpatient Professional Services	80% after deductible	75% after deductible
<b>OUTPATIENT SURGICAL PROCEDURES</b>		
• Outpatient Surgical Procedures	80% after deductible	75% after deductible
• Short Procedure Facility	80% after deductible	75% after deductible
<b>DIAGNOSTIC TESTING OUTPATIENT</b>		
• Diagnostic Medical	80% after deductible	75% after deductible
• Simple Radiology	80% after deductible	75% after deductible
• Advanced Radiology	80% after deductible	75% after deductible
• Lab and Pathology	80% after deductible	75% after deductible
<b>MATERNITY CARE</b>		
• Initial Prenatal Care Visit	100%	75% after deductible
• Subsequent Prenatal Care Visit	100%	75% after deductible
<b>CRANIAL PROSTHESIS - WIG/HAIRPIECE</b>	100%	100%

<sup>1</sup> Items per year<sup>7</sup>

<b>Benefit</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK<sup>1</sup></b>
<b>CHIROPRACTIC SERVICES</b> 20 Visits per year <sup>7</sup>	\$30 copay	75% after deductible
<b>ALLERGY TESTS</b>	80% after deductible	75% after deductible
<b>ALLERGY INJECTIONS</b>	80% after deductible	75% after deductible
<b>NUTRITIONAL COUNSELING</b>	\$15 copay / specialist \$30	75% after deductible
<b>DIALYSIS/HEMODIALYSIS</b>	80% after deductible	75% after deductible
<b>PRIVATE DUTY NURSING</b>	Not Covered	Not Covered
<b>SKILLED NURSING FACILITY</b>	80% after deductible	75% after deductible
<b>HOME HEALTH CARE</b>	80% after deductible	75% after deductible
<b>INPATIENT HOSPICE CARE</b>	80% after deductible	75% after deductible
<b>HOME INFUSION THERAPY</b>	80% after deductible	75% after deductible
<b>DURABLE MEDICAL EQUIPMENT</b>	80% after deductible	75% after deductible
<b>ORTHOTICS/PROSTHETICS DEVICES</b>	80% after deductible	75% after deductible
<b>OUTPATIENT MENTAL NERVOUS</b>		
• Psychotherapy Office Visit/Consultation	\$15 copay	75% after deductible
• Psychotherapy Visit	80% after deductible	75% after deductible
<b>DIABETIC SERVICES</b>		
• Diabetic Education	80% after deductible	75% after deductible
• Diabetic Equipment	80% after deductible	75% after deductible
• Diabetic Supplies	80% after deductible	75% after deductible

**This summary represents only a partial listing of benefits and exclusions of the Group Health Plan described in this summary. Benefits and exclusions may be further defined by medical policy. As a result, this Group Health Plan may not cover all of your health care expenses. Read your member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the Group Health Plan. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.ibxtpa.com](http://www.ibxtpa.com).**

**Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to [www.ibxtpa.com](http://www.ibxtpa.com) or call the phone number that is listed on the back of your identification card.**

\*A calendar year benefit period begins on the first day of the calendar year and ends on the last day of the calendar year. The deductible and out-of-pocket maximum amount starts at \$0 at the beginning of each calendar year.

<sup>1</sup>It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

<sup>2</sup>The in- and out-of-network deductibles cross-apply.

<sup>3</sup>Each member contributes towards his or her own deductible. The deductible is considered met when he or she reaches the individual deductible or the family deductible is met.

<sup>4</sup>Out of pocket includes medical only.

<sup>5</sup>Each member contributes towards his or her own out-of-pocket maximum. The out-of-pocket maximum is considered met when he or she reaches the individual out-of-pocket maximum or the family out-of-pocket maximum is met.

<sup>6</sup>Copay waived if admitted.

<sup>7</sup>Service limits combined across tiers.

# Services that require precertification

## Level Care North Atlantic precertification list effective January 1, 2023

This applies to elective, nonemergency services. Some services or supplies in this list may not be covered by your benefits plan. Please check your benefit plan documents.

### Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Elective inpatient hospital-to-hospital transfers
- Inpatient hospice admissions
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

### Procedures

- Carticel (ACI), osteochondral allograft, and autograft transplantations
- Cochlear implant surgery
- Obesity surgery

### Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/blepharoptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of subcutaneous skin and/or subcutaneous tissue
- Gender reassignment surgery
- Genetically and bioengineered skin substitutes for wound care
- Hair transplants
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin grafts
  - Skin flaps
  - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

### Day rehabilitation programs

**Elective (nonemergency) ground, air, and sea ambulance transportation inpatient, including hospital-to-hospital transfers (excluding ground transportation, if the transfer to the receiving facility is related to services not offered at the transferring facility)**

### Outpatient private-duty nursing

### Interventional pain management services

- Epidural injection procedures and diagnostic selective nerve root blocks
- Paravertebral facet injection/nerve block/neurolysis
- Regional sympathetic nerve block
- Sacroiliac joint injections
- Implanted spinal cord stimulators

### Home-care services

- Enteral feeding therapy (tube feeding)
- Home health care
- Home infusion therapy
- Hospice

### Prosthetics/orthoses

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components
- Repair or replacement of all prosthetics/orthoses that require precertification

## **Durable medical equipment (DME)**

- Bone growth stimulators
- Bone-anchored (osseointegrated) hearing aids
- Continuous positive airway pressure (CPAP) device and bi-level (Bi-PAP) devices
- Dynamic adjustable and static progressive stretching devices (excludes CPMs)
- Electric, power, and motorized wheelchairs, including custom accessories
- Manual wheelchairs with the exception of those that are rented
- Negative pressure wound therapy
- Neuromuscular stimulators
- Pressure-reducing support surfaces, including:
  - Air-fluidized bed
  - Non-powered advanced pressure-reducing mattress
  - Powered air flotation bed (low air loss therapy)
  - Powered pressure-reducing mattress
- Push rim activated power assist devices
- Repair or replacement of all DME items that require precertification
- Speech-generating devices

## **Medical foods**

## **Hyperbaric oxygen therapy**

## **Proton beam therapy**

## **Sleep studies (facility-based)**

### **Transplants**

- All transplant procedures, with the exception of corneal transplants

### **Mental health/serious mental illness/ substance abuse<sup>1</sup>**

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (rTMS)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

### **Autism spectrum disorders**

- Applied behavioral analysis

<sup>1</sup> Precertification review for this service is provided by Magellan Healthcare, Inc., an independent company.

# Genetic and genomic tests requiring precertification

The following list is a guide to the types of genetic and genomic tests that require precertification. Due to the volume of tests, it is not possible to list each test separately.

## Hereditary cancer syndromes

- BRCA gene testing (breast and ovarian cancer syndrome)
- Lynch syndrome gene testing
- Familial adenomatous polyposis gene testing
- PTEN gene testing (Cowden syndrome)
- General cancer type panels (such as colon, breast, or neuroendocrine cancers)

## Hereditary heart diseases

- Long QT syndrome gene testing
- Aortic dilation or aneurysm syndrome testing (includes Marfan syndrome)

## Other full gene analysis testing

- Cystic fibrosis full gene sequencing and deletion/duplication analysis
- PMP22 full gene sequencing and deletion/duplication analysis (Charcot-Marie-Tooth, hereditary neuropathy)

## Tests for many genetic disorders simultaneously

- Expanded carrier screening panels (such as Carrier Status DNA Insight®, Counsyl Family Prep Screen, Pan-Ethnic Carrier Screening)
- Hearing loss panels
- Intellectual disability panels
- Noonan spectrum disorders panels

## Specialty oncology tests

- Cancer gene expression or protein signature tests (such as OncotypeDX®, MammaPrint®, Afirma®, Prosigna®, HeproDX™)
- Tumor molecular profiling (such as FoundationOne®, neoTYPE™, OncoPlexDx®, and many others)
- Tissue of origin testing (for cancer of unknown primary)
- PCA3 testing for prostate cancer

## Pharmacogenomic tests

- Cytochrome P450 metabolism gene testing (CYP2D6, CYP2C9, CYP2C19)
- Specialized drug response gene panels (such as Assurex GeneSight®, GeneTrait, Genecept®, Millennium PGTSM)
- Warfarin response testing
- MGMT methylation analysis for glioblastoma

## Other specialty tests

- Coronary artery disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6)
- Heart disease risk testing (such as CorusCAD®, CardioIQ®, APOE, ACE, KIF6, MTHFR)

## Genome-wide tests

- Microarray studies
- Whole exome testing
- Whole genome testing
- Mitochondrial genome or nuclear testing

## ANY genetic test for more than one gene or condition (often includes words like “panel” or “comprehensive” in the name)

## ANY genetic test that will be billed with a non-specific procedure code

- Billed with CPT® codes 81400–81408 (CPT Copyright 2016 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.)
- Billed with an unlisted code: 81479, 81599, 84999

# Specialty drugs that require precertification

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

## [Direct Ship Drug Program](#)

### Amyotrophic lateral sclerosis agents

- Radicava™ (ravulizumab)
- tofersen\*

### Antineoplastic agents/chemotherapy

- Abraxane® (paclitaxel protein-bound particles)
- Adcetris® (brentuximab vedotin)
- Alimta® (pemetrexed disodium)
- Alymsys® (bevacizumab)  
(except for ophthalmological conditions)
- Avastin®‡ (bevacizumab)  
(except for ophthalmological conditions)
- Azedra (iobenguane I- 131)
- Blenrep™ (belantamab mafodotin)
- Blincyto® (blinatumomab)
- Cyramza® (ramucirumab)
- Darzalex® (daratumumab)
- Darzalex Faspro™ (daratumumab/hyaluronidase-fihj)
- Enhertu (fam-trastuzumab-deruxtecan-nxki)
- Erbitux® (cetuximab)
- Erwinaze® (asparaginase Erwinia chrysanthemi)
- Herceptin®‡ (trastuzumab)
- Herceptin Hylecta™ (trastuzumab)
- Herzuma® (trastuzumab-pkrb)
- Instiladrin®\* (nadofaragene firadenovec)
- Kadcyca® (ado-trastuzumab emtansinel)
- Kanjinti™ (trastuzumab-anns)
- Kimmtrak® (tebentafusp-tebn)
- Kyprolis® (carfilzomib)
- Lumoxiti™ (moxetumomab pasudotox-tdfk)
- Margenza™ (margetuximab)
- mirvetuximab soravtansine\*
- Monjuvi® (tafasitamab-cxix)
- mosunetuzumab\*
- Mvasi™ (bevacizumab- awwb)  
(except for ophthalmological conditions)
- Ogivri™ (trastuzumab-dkst)
- Ontruzant® (trastuzumab-dttb)
- Opdualag™ (nivolumab and relatlimab-rmbw)
- oportuzumab monatox\*
- Padcev™ (enfortumab vedotin-ejfv)
- Pemfexy™ (pemetrexed)
- Perjeta® (pertuzumab)
- Phesgo™ (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- Pluvicto™\* (Lutetium Lu 177 vipivotide tetraxetan)
- Polivy™ (polatuzumab vedotin-piiq)
- Poteligeo™ (mogamulizumab)
- Provenge® (sipuleucel-T)
- Riabni (rituximab-arrx)
- Rituxan®‡ (rituximab)
- Rituxan Hycela™ (rituximab/ hyaluronidase human)
- Ruxience™ (rituximab-pvvr)

- Rybrevant (amivantamab-vmjw)
- Rylaze™ (asparaginase Erwinia chrysanthemi [recombinant]-rywn)
- Sarclisa (isatuximab-irfc)
- SH-111\*
- Taclantis\* (paclitaxel injection concentrate for suspension)
- teclistamab\*
- Tivdak™ (tisotumab vedotin-tftv)
- Trazimera™ (trastuzumab-qyyp)
- tremelimumab\*
- Trodelvy™ (sacituzumab govitecan-hziy)
- Truxima® (rituximab-abbs)
- Vegzelma® (bevacizumab-adcd)  
(except for ophthalmological conditions)
- Xofigo (radium Ra 223)
- Yervoy™ (ipilimumab)
- Zepzelca™ (lurbinectedin)
- Zevalin (ibritumomab tiuxetan)
- Zirabev (except for ophthalmological conditions)
- Zynlonta™ (loncastuximab tesirine)

### Anti-PD-1/ PD-L1 human monoclonal antibodies‡/chemotherapy

- balstilimab\*
- Bavencio® (avelumab)
- Imfinzi™ (durvalumab)
- Jemperli (dostarlimab-gxly)
- Keytruda™ (pembrolizumab)
- Libtayo® (cemiplimab-rwlc)
- Opdivo® (nivolumab)
- penpulimab\*
- retifanlimab\*
- sintilimab\*
- Tecentriq™ (atezolizumab)
- tislelizumab\*
- toripalimab\*

### Bone-modifying agents

- Evenity® (romosozumab-aqqg)
- Prolia® (denosumab)
- Xgeva® (denosumab)

### Botulinum toxin agents

- Botox® (onabotulinumtoxinA)

### Chemotherapy-induced nausea and vomiting (CINV) agents

- Sustol® (granisetron extended-release for injection)



## Chimeric antigen receptor (CAR-T) therapies/chemotherapy<sup>†</sup>

- Abecma™ (idecabtagene vicleucel)
- Breyanzi® (lisocabtagene maraleucel)
- Carvykti™ (ciltacabtagene autoleucel)
- Kymriah™ (tisagenlecleucel)
- Tecartus™ (brexucabtagene autoleucel)
- Yescarta™ (axicabtagene ciloleucel)

## Endocrine/metabolic agents

- Acthar H.P.® (corticotropin)
- cosyntropin depot\*
- Lutathera® (lutetium Lu 177 dotatate)/chemotherapy
- Makena® (hydroxyprogesterone caproate)
- Sandostatin® LAR (octreotide)/chemotherapy
- Somatuline® depot (lanreotide)/chemotherapy

## Enzyme replacement agents<sup>†</sup>

- Aldurazyme® (laronidase)
- Brineura™ (cerliponase alfa)
- Cerezyme® (imiglucerase)
- cipaglucosidase alfa\*
- Elaprase® (idursulfase)
- Elelyso® (taliglucerase alfa)
- Fabrazyme® (agalsidase beta)
- Kanuma® (sebelipase alfa)
- Lumizyme® (alglucosidase alfa)
- Mepsevii™ (vestronidase alfa-vjbj)
- Naglazyme® (galsulfase)
- Nexviazyme® (avalglucosidase alfa)
- pegunigalsidase alfa\*
- Replagal®\* (agalsidase alfa)
- Revcovi™ (elapegademase-lvlr)
- Vimizim™ (elosulfase alfa)
- VPRIV® (velaglucerase alfa)
- Xenpozyme® (olipudase alfa)

## Gene replacement/gene editing therapy<sup>†</sup>

- beremagene geperpavec\*
- etranacogene dezaparvovec\*
- Luxturna™ (voretigene neparvovec-rzyl)
- Roctavian\* (valoctocogene roxaparvovec)
- Skysona™ (elivaldogene autotemcel)
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Zynteglo® (betibeglogene autotemcel)

## Hemophilia/Coagulation factors<sup>†</sup>

## Hyaluronate acid products

- Cingal\* (triamcinolone and Monovisc)
- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synjoynt™
- Trilon™
- TriVisc™
- VISC0-3®

## Immunological agents

- Actemra® IV (tocilizumab)
- Avsola™ (infliximab-axxq)
- Benlysta® IV (belimumab)
- Entyvio™ (vedolizumab)
- Ilumya™ (infliximab-dyyb)
- Inflectra™ (tildrakizumab-asmn)
- Infliximab (unbranded)
- Ixifi™ (infliximab-qbtx)
- Orencia® IV (abatacept)
- Remicade®‡ (infliximab)
- Renflexis™ (infliximab-abda)
- Saphnelo™ (anifrolumab)
- Simponi® Aria (golimumab for infusion)
- Skyrizi® IV\* (risankizumab-rzaa)
- Spevigo® (spesolimab)
- Stelara® IV (ustekinumab)

## Intravenous Immune Globulin/Subcutaneous Immune Globulin (IVIG/SCIG)<sup>†</sup>

### Multiple sclerosis agents<sup>†</sup>

- Lemtrada® (alemtuzumab)
- Ocrevus™ (ocrelizumab)
- Tysabri® (natalizumab)
- ublituximab\*

### Neutropenia

- efbemalenograstim\*
- Fulphila™ (pegfilgrastim-jmbd)
- Fylnetra® (pegfilgrastim-pbbk)
- Lapelga\*
- Neulasta®‡ (pegfilgrastim)
- Neulasta Onpro™ (pegfilgrastim body injector kit)
- Neupogen® (filgrastim)
- Nivestym™ (filgrastim-aafi)
- Nyvepria™ (pegfilgrastim-apgf)
- plinabulin\*
- Releuko™ (filgrastim-ayow)
- Rolvedon™ (eflapegastim)
- Stimufend® (pegfilgrastim-fpgk)
- Udenyca™ (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)

## Ophthalmic agents

- abicipar\*
- Beovu® (brolucizumab-dblI)
- Byooviz™ (ranibizumab-nuna)
- Cimerli™ (ranibizumab-eqrn)
- Eylea®‡ (aflibercept)
- Lucentis®‡ (ranibizumab)
- Susvimo™ (ranibizumab injection, port delivery system)
- Tepezza™ (teprotumumab-trbw)
- Vabysmo® (faricimab-svoa)

## Pulmonary arterial hypertension†

- Flolan® (epoprostenol GM)
- Remodulin® (treprostinil)
- Revatio® (sildenafil)
- Trevyent® (treprostinil)
- Tyvaso® (treprostinil)
- Veletri® (epoprostenol AS)
- Ventavis® (iloprost)

## Respiratory agents

- Cinqair® (reslizumab)
- Synagis® (Respiratory syncytial virus [RSV], monoclonal antibody, recombinant)
- Tezspire™ (tezepelumab-ekko)
- Xolair® (omalizumab)

## Respiratory enzymes (Alpha-1 antitrypsin)†

- Aralast
- Glassia™
- Prolastin®
- Zemaira®

## Miscellaneous therapeutic agents

- Adakveo® (crizanlizumab-tmca)
- Ampligen®\* (rintatolimod)
- Amvuttra™ (vutrisiran)
- Cosela® (trilaciclib)
- Crysvita® (burosumab-twza)
- donislecel\*
- Enjaymo (sutimlimab-jome)
- Evkeeza™ (evinacumab)
- Exenatide sustained-release ITCA 650\*
- Gamifant® (emapalumab-lzsg)
- Givlaari® (givosiran)
- Ilaris® (canakinumab)
- Krystexxa® (pegloticase)
- Leqvio® (inclisiran)
- narsoplimab\*
- Onpattro™ (patisiran)
- Oxlumio® (lumasiran)
- Reblozyl® (luspatercept-aamt)
- Remune\*
- Rethymic™ (allogeneic processed thymus tissue-agdc)
- Soliris®‡ (eculizumab)
- Spinraza™ (nusinersen)
- teplizumab\*
- Ultomiris™ (ravulizumab-cwvz)
- Uplizna™ (inebilizumab)
- Vyepi™ (eptinezumab-jjmr)
- Vyvgart™ (efgartigimod alfa-fcab)
- Xiaflex®

\* Pending FDA approval.

† All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

‡ Precertification requirements apply to all FDA-approved biosimilars to this reference product.

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