

\$25 Copayment plan

Features	Member pays
Medical calendar-year deductible (Individual & Family)	None/None
Annual out-of-pocket maximum	\$2,500 / \$5,000
Lifetime benefit maximum	None
Professional services (plan provider office visits)	
Primary and specialty care visits (includes routine and urgent care appointments)	\$25 per visit
Well-child visits from 0 to 23 months	No charge
Family planning visits	\$25 per visit
Scheduled prenatal care and first postpartum visit	No charge
Eye exams	\$25 per visit
Hearing tests	\$25 per visit
Physical, occupational, and speech therapy visits	\$25 per visit
Outpatient services	
Outpatient surgery	\$100 per procedure
Allergy injection visits	\$5 per visit
Vaccines (immunizations)	No charge
Most X-rays and lab tests	\$10 per encounter
Health education	
Individual visits	\$25 per visit
Group visits	No charge
Hospitalization services	
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$200 per day
Emergency health coverage	
Emergency Department visits (waived if admitted directly to the hospital)	\$100 per visit
Ambulance services	
Emergency ambulance services	\$100 per trip
Prescription drug coverage	
Covered items in accord with our drug formulary when obtained at Plan pharmacies	
Generic drugs	\$10 up to a 30-day supply
Brand-name drugs	\$35 up to a 30-day supply
Mail-order program (100-day supply for most maintenance drugs)	\$20 generic/\$70 brand
Durable medical equipment (DME)	
DME used in the home in accord with our DME formulary	Not covered
Prosthetic and orthotic devices	No charge
Mental health services	
Inpatient psychiatric care	
Inpatient psychiatric care (up to 30 days per calendar year)	\$200 per day
Outpatient visits (up to 20 individual/group visits per calendar year)	
Individual visits	\$25 per visit
Group therapy visits	\$12 per visit
Chemical dependency services	
Inpatient detoxification	\$200 per day
Outpatient individual therapy visits	\$25 per visit
Outpatient group therapy visits	\$5 per visit
Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission
Home health services	
Home health care (up to 100 two-hour visits per calendar year)	No charge
Other	
Skilled Nursing Facility care (up to 100 days per benefit period)	No charge
Hospice care	No charge