

Copayment plans—features at a glance

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form* enclosed with this booklet. Detailed information about your plan is included in the *Membership Agreement*, which will be mailed to you upon acceptance.

Features	\$50 Copayment Plan	\$25 Copayment Plan
Medical calendar-year deductible		
Individual	None	None
Family	None	None
Pharmacy calendar-year deductible		
	None	\$250 for brand-name drugs
Annual out-of-pocket maximum		
Individual	\$3,500	\$2,500
Family	\$7,000	\$5,000
Lifetime benefit maximum		
	None	None
PROFESSIONAL SERVICES (PLAN PROVIDER OFFICE VISITS)		
Primary and specialty-care visits (includes routine and urgent-care appointments)	\$50 per visit	\$25 per visit
Well-child visits to age 2	\$15 per visit	No charge
Family planning visits	\$50 per visit	\$25 per visit
Scheduled prenatal care and first postpartum visit	\$15 per visit	No charge
Eye exams	\$50 per visit	\$25 per visit
Hearing tests	\$50 per visit	\$25 per visit
Chiropractic office visits	Not covered	Not covered
Physical, occupational, and speech therapy visits	\$50 per visit	\$25 per visit
OUTPATIENT SERVICES		
Outpatient surgery	\$250 per procedure	\$100 per procedure
Allergy injection visits	\$5 per visit	\$5 per visit
Immunizations	No charge	No charge
X-rays and lab tests	\$10 per encounter	\$10 per encounter
Health education:		
Individual visits	\$50 per visit	\$25 per visit
Group visits	No charge	No charge
HOSPITALIZATION SERVICES		
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$500 per day	\$200 per day
EMERGENCY HEALTH COVERAGE		
Emergency Department visits	\$150 per visit (\$150 copayment is waived if admitted directly to the hospital)	\$100 per visit (\$100 copayment is waived if admitted directly to the hospital)
AMBULANCE SERVICES		
Emergency ambulance services	\$300 per trip	\$100 per trip
PRESCRIPTION DRUG COVERAGE		
Covered items in accord with our drug formulary when obtained at Plan pharmacies	Most prescription drugs are not covered.	Brand-name items and compounded products are subject to a \$250 drug deductible; see the "Outpatient Prescription Drugs, Supplies and Supplements" section of the <i>Membership Agreement</i> for details.
Generic drugs		\$10 up to a 100-day supply
Brand-name drugs		\$35 up to a 100-day supply after \$250 drug deductible

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Features	\$50 Copayment Plan	\$25 Copayment Plan
DURABLE MEDICAL EQUIPMENT (DME)		
DME used in the home in accord with our DME formulary	Not covered	Not covered
MENTAL HEALTH SERVICES		
Inpatient psychiatric care	\$500 per day (up to 30 days per calendar year)	\$200 per day (30 days per calendar year)
Outpatient visits:		
Individual visits	\$50 per visit (up to 20 individual/group visits per calendar year)	\$25 per visit (20 individual/group visits per calendar year)
Group therapy visits	\$25 per visit (up to 20 individual/group visits per calendar year) Up to 20 additional group therapy visits that meet medical group criteria in the same calendar year	\$12 per visit after deductible (20 individual/group visits per calendar year) Up to 20 additional group therapy visits that meet medical group criteria in the same calendar year
Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the "Benefits, Copayments, and Coinsurance" section of the <i>Membership Agreement</i> .		
CHEMICAL DEPENDENCY SERVICES		
Inpatient detoxification	\$500 per day	\$200 per day
Outpatient individual therapy visits	\$50 per visit	\$25 per visit
Outpatient group therapy visits	\$5 per visit	\$5 per visit
Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any 5-year period)	\$100 per admission	\$100 per admission
HOME HEALTH SERVICES		
Home health care (up to 100 two-hour visits per calendar year)	No charge	No charge
OTHER		
Skilled nursing facility care	No charge (up to 100 days per benefit period)	No charge (up to 100 days per benefit period)
Hospice care	No charge	No charge