

### Benefits and Co-payment Requirements

Subject to Benefit Limitations\*, Exclusions and Benefit Certification Requirements

See Member Handbook for detailed description of benefits

\* The benefit package is limited to \$100,000 in benefits per member per benefit year.

	Federal Poverty Level (FPL)	0-100 FPL	101-150 FPL	151-200 FPL
Benefits		Co-payment	Co-payment	Co-payment
<b>Provider Services:</b> <ul style="list-style-type: none"> <li>Office visits</li> <li>Home visits</li> </ul> <p>The following are included in the office visit Co-payment:</p> <ul style="list-style-type: none"> <li>Office procedure</li> <li>Allergy testing</li> <li>Allergy injections</li> <li>Antigen serum</li> <li>Injections in accordance with accepted medical practice to treat acute conditions, which are customarily administered in a provider's office</li> <li>Injections in accordance with acceptable medical practice used to treat chronic conditions including, but not limited to diseases such as rheumatoid arthritis, Crohn's Disease, and Hepatitis C</li> </ul> <p>There is no Co-payment for the following:</p> <ul style="list-style-type: none"> <li>Hospital and inpatient physical rehabilitation facility visits by practitioners</li> <li>Routine and diagnostic X-rays and clinical laboratory tests</li> <li>Inpatient professional care services by practitioners including pathologists, radiologists and anesthesiologists</li> </ul> <p>The following are covered as part of a facility Co-payment:</p> <ul style="list-style-type: none"> <li>Practitioner visits at an Inpatient or outpatient facility (includes assistant surgeon's charges)</li> </ul>		\$0 per visit \$0 per visit	\$5 per visit \$5 per visit	\$7 per visit \$7 per visit
		None	None	None
		Included in applicable facility Co-payment based on place of service		
<b>Inpatient Hospital Services (Benefit Certification Required, limited to 25 days per year) including:</b> <ul style="list-style-type: none"> <li>Room and Board, support care, service and supplies</li> <li>Maternity Care</li> <li>Diagnostic tests, anesthetics, oxygen</li> <li>Administration of whole blood, blood plasma, and components</li> <li>Rehabilitative services, radiation and inhalation therapy</li> <li>Inpatient Rehabilitation Services</li> </ul>		\$0 per admission	\$25 per admission	\$30 per admission
<b>Outpatient Services (Benefit Certification Required)</b> <ul style="list-style-type: none"> <li>Surgery including professional services, supplies and medications</li> </ul> <p>The following are subject to a Co-payment per visit:</p> <ul style="list-style-type: none"> <li>Radiation therapy and chemotherapy</li> <li>Magnetic Resonance Imaging (MRI)</li> <li>Positron Emission Tomography (PET) tests</li> <li>CT scan</li> <li>Cardiovascular rehabilitation</li> <li>Rehabilitation services: Physical, occupational, and speech therapy</li> </ul> <p>There is no Co-payment for the following services:</p> <ul style="list-style-type: none"> <li>Holter monitors and cardiac event monitors</li> <li>Routine and diagnostic X-rays, lab tests, EKG and EEG</li> </ul>		\$0 per procedure \$0 per visit	\$5 per procedure \$5 per visit	\$7 per procedure \$7 per visit
		None	None	None
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Waived if admitted within 24 hours of visit. Inpatient co-pay applies.</li> </ul>		\$0 per visit	\$15 per visit	\$20 per visit
<b>Urgent Care</b>		\$0 per visit	\$5 per visit	\$7 per visit

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<b>Benefits</b>	<b>Co-payment</b>	<b>Co-payment</b>	<b>Co-payment</b>
<b>Women's Health Services</b> Office visits The following are included in the office visit Co-payment: <ul style="list-style-type: none"> <li>• Mammograms</li> <li>• GYN examinations including Cytological screening (PAP Smear)</li> <li>• Health Education</li> <li>• Prenatal and post-partum care</li> <li>• Non-hospital births</li> </ul>	\$0 per visit     None \$25	\$5 per visit     None \$75	\$7 per visit     None \$100
<b>Preventive Health Services</b> Physical exams The following are included in the office visit Co-payment: <ul style="list-style-type: none"> <li>• Periodic glaucoma eye test age thirty-five (35) and older</li> <li>• Periodic stool examination age 40 and older</li> <li>• Periodic Mammograms as follows: one low dose baseline mammogram for women ages 35 through 39, one low dose mammogram biennially for women ages 40 through 49 and one low dose mammogram annually for women over age 50.</li> <li>• Health Education</li> <li>• Adult immunizations</li> <li>• Periodic colon examination age forty-five (45) and older</li> <li>• Voluntary family planning services</li> <li>• Insertion of contraceptive devices</li> <li>• Removal of contraceptive devices</li> </ul> Surgical sterilization	\$0 per visit	\$5 per visit	\$7 per visit
<b>Dialysis Services</b> Long-term hemodialysis and continuous ambulatory peritoneal dialysis	None		
<b>Home Health Services</b> <ul style="list-style-type: none"> <li>• Services provided by a registered nurse or a licensed practical nurse; by physical, occupational, and respiratory therapists; speech pathologists; and by a home health aide</li> <li>• Prescription supplies for the provision of home health services at the time of a home health visit</li> <li>• Home intravenous services</li> <li>• Tube feedings as the sole source of nutrition</li> </ul>	\$0 per visit	\$5 per visit	\$7 per visit
<b>Durable Medical Equipment, Medical Supplies, Orthotic Appliances and Prosthetic Devices</b> (Benefit Certification Required)	\$0 per item	\$5 per item	\$7 per item
<b>Ambulance Services</b>	None	None	None
<b>Limited Oral Surgery</b>	Applicable Co-payment based on place of service		
<b>Reconstructive Surgery</b>	Applicable Co-payment based on place of service		
<b>Prescription Drugs</b> (Formulary drugs only)	\$3 Generic and/or Brand		
<b>Diabetes Treatment Service</b>	Applicable Co-payment based on place of service		
<b>Behavioral Health Services</b> <ul style="list-style-type: none"> <li>• Outpatient office visits</li> <li>• Inpatient mental health services in a psychiatric hospital or an acute care hospital</li> </ul>	\$0 per visit \$0 per admission	\$5 per visit \$25 per admission	\$7 per visit \$30 per admission
<b>Substance Abuse Services</b> <ul style="list-style-type: none"> <li>• Outpatient substance abuse visits, including detoxification and intensive outpatient care</li> <li>• Inpatient substance abuse detoxification</li> </ul>	\$0 per visit \$0 per admission	\$5 per visit \$25 per admission	\$7 per visit \$30 per admission