

Benefit Highlights

Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member).....	\$1,500 per calendar year
For any one Member in a Family of two or more Members	\$1,500 per calendar year
For an entire Family of two or more Members	\$3,000 per calendar year

Deductible or Lifetime Maximum

None

Professional Services (Plan Provider office visits)

You Pay

Routine preventive care:

Physical exams	\$5 per visit
Well-child visits (through age 23 months)	\$5 per visit
Family planning visits	\$5 per visit
Scheduled prenatal care visits and first postpartum visit	\$5 per visit
Eye refraction exams	\$5 per visit
Hearing tests	\$5 per visit
Primary and specialty care visits	\$5 per visit
Urgent care visits.....	\$5 per visit
Physical, occupational, and speech therapy.....	\$5 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures	\$5 per procedure
Allergy injection visits	No charge
Allergy testing visits.....	\$5 per visit
Vaccines (immunizations).....	No charge
X-rays and lab tests	No charge
Health education:	
Individual visits.....	\$5 per visit
Group educational programs	No charge

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, lab tests, and drugs.....	No charge
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Emergency Health Coverage

You Pay

Emergency Department visits	\$5 per visit (does not apply if admitted directly to the hospital as an inpatient)
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Ambulance Services

You Pay

Ambulance Services	No charge
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Prescription Drug Coverage

You Pay

Most covered outpatient items in accord with our drug formulary guidelines from Plan Pharmacies or from our mail-order service.....	\$5 for up to a 100-day supply
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Mental Health Services

You Pay

Inpatient psychiatric hospitalization (up to 30 days per calendar year).....	No charge
Outpatient visits:	
Up to a total of 20 individual and group visits per calendar year.....	\$5 per individual visit \$2 per group visit
Up to 20 additional group visits that meet the Medical Group criteria in the same calendar year	\$2 per group visit

Note: Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses as described in the "Benefits and Cost Sharing" section.

