

Services	Benefits	Member Responsibility
Preventive Health	Please refer to your Member Handbook for a copy of the Preventive Coverage or Preventive Services Guide document, as applicable.	No Charge
Physician and Practitioner Services	Primary Care Practitioner Home & Office Visits	\$20 Copay per visit
	Specialist Home & Office Visits	\$40 Copay per visit
	Routine Vision Exam	No Charge
	Primary Care Practitioner Inpatient Visits	No Charge
	Specialist Inpatient Visits	No Charge
	Allergy desensitization shots, Radiation, Chemotherapy, Dialysis, Surgery & Anesthesiology services and other outpatient services or procedures performed in the Practitioners office not otherwise listed on this table.	No Charge
	Accidental Dental Services	\$40 Copay per visit
	Maternity Care	\$100 Copay per pregnancy
	Chiropractic Office Visits & Manipulations	\$20 Copay per visit
Infusion Services	Medications administered in the Practitioners office, Outpatient facility, Dialysis facility or in the home	Please refer to your Prescription Drug Rider
Diagnostic Services	X-Ray, Lab, Pathology Practitioners office or outpatient	No Charge
	Diagnostic Mammography Services Practitioners office or outpatient	No Charge
	PET Scans, MRIs, MRA's, CT Scans	\$100 Copay per procedure
	Stress Tests	\$100 Copay per procedure
	Ultrasounds/ Echocardiograms	\$50 Copay per procedure
Hospital Services	Inpatient Hospital	\$400 Copay per day up to a maximum of \$800 per occurrence
	Outpatient Services or Procedures Including Cardiac Rehabilitation	\$200 Copay per procedure
	Ambulatory Surgical Center	\$200 Copay per procedure
Rehabilitation Services	Therapy – Physical/Occupational/Speech	\$ 20 Copay per visit
Home Health Care		No Charge
Hospice Care		No Charge
Durable Medical Equipment		No Charge
Medical Supplies	Including insulin pump supplies	No Charge

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Behavioral Health Mental Health and Chemical Dependency Services	Inpatient Limited to 10 days per Benefit year Transitional Limited to 20 days per Benefit year Outpatient Limited to 20 visits per Benefit year	\$400 Copay per Inpatient stay \$40 Copay per day \$40 Copay per visit
Ambulance Services	Land and Air	\$100 Copay per transport
Emergency/Urgent Care	Emergency Room Services (Copay waived if admitted inpatient within 24 hours) Urgent Care	\$200 Copay per visit \$100 Copay per visit
Health Education Programs	Please refer to Certificate of Coverage for list of benefits & limitations	No Charge
Diabetic Supplies	Please refer to the Prescription Summary of Member Responsibility Table	
Prescription Drugs:	Please see the Prescription Summary of Member Responsibility Table for prescription drug information, including medications administered in the Office or Outpatient setting.	