



|   |
|---|
| <b>Network Hospital Services (Hospital Program)</b>   |
| <b>\$25 Copayment</b> – Outpatient Physical Therapy   |
| <b>\$50 Copayment</b> – Urgent Care Center Visit  |
| <b>\$50 Copayment</b> – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests |
| <b>\$95 Copayment</b> – Outpatient Surgery  |
| <b>\$100 Copayment</b> – Emergency Department Visit   |
| <b>Network Mental Health/Substance Abuse Program Services</b>                                       |
| <b>\$25 Copayment</b> – Visit to Outpatient Substance Use Treatment Program                         |
| <b>\$25 Copayment</b> – Visit to Mental Health Professional   |
| <b>\$100 Copayment</b> – Emergency Department Visit   |

|   |
|---|
| <b>Participating Provider Services (Medical/Surgical Program)</b>   |
| <b>\$25 Copayment</b> – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit |
| <b>\$30 Copayment</b> – Non-hospital Urgent Care Center Visit   |
| <b>\$50 Copayment</b> – Non-hospital Outpatient Surgical Locations  |
| <b>\$70 Copayment</b> – Licensed Ambulance Service  |
| <b>Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)</b>  |
| <b>\$25 Copayment</b> – Office Visit, Radiology, Diagnostic Laboratory Tests  |

|   |
|---|
| <b>Network Hospital Services (Hospital Program)</b>   |
| <b>\$25 Copayment</b> – Outpatient Physical Therapy   |
| <b>\$50 Copayment</b> – Urgent Care Center Visit  |
| <b>\$50 Copayment</b> – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests |
| <b>\$95 Copayment</b> – Outpatient Surgery  |
| <b>\$100 Copayment</b> – Emergency Department Visit   |
| <b>Network Mental Health/Substance Abuse Program Services</b>                                       |
| <b>\$25 Copayment</b> – Visit to Outpatient Substance Use Treatment Program                         |
| <b>\$25 Copayment</b> – Visit to Mental Health Professional   |
| <b>\$100 Copayment</b> – Emergency Department Visit   |

|   |
|---|
| <b>Participating Provider Services (Medical/Surgical Program)</b>   |
| <b>\$25 Copayment</b> – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit |
| <b>\$30 Copayment</b> – Non-hospital Urgent Care Center Visit   |
| <b>\$50 Copayment</b> – Non-hospital Outpatient Surgical Locations  |
| <b>\$70 Copayment</b> – Licensed Ambulance Service  |
| <b>Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)</b>  |
| <b>\$25 Copayment</b> – Office Visit, Radiology, Diagnostic Laboratory Tests  |

|   |
|---|
| <b>Network Hospital Services (Hospital Program)</b>   |
| <b>\$25 Copayment</b> – Outpatient Physical Therapy   |
| <b>\$50 Copayment</b> – Urgent Care Center Visit  |
| <b>\$50 Copayment</b> – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests |
| <b>\$95 Copayment</b> – Outpatient Surgery  |
| <b>\$100 Copayment</b> – Emergency Department Visit   |
| <b>Network Mental Health/Substance Abuse Program Services</b>                                       |
| <b>\$25 Copayment</b> – Visit to Outpatient Substance Use Treatment Program                         |
| <b>\$25 Copayment</b> – Visit to Mental Health Professional   |
| <b>\$100 Copayment</b> – Emergency Department Visit   |

|   |
|---|
| <b>Participating Provider Services (Medical/Surgical Program)</b>   |
| <b>\$25 Copayment</b> – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit |
| <b>\$30 Copayment</b> – Non-hospital Urgent Care Center Visit   |
| <b>\$50 Copayment</b> – Non-hospital Outpatient Surgical Locations  |
| <b>\$70 Copayment</b> – Licensed Ambulance Service  |
| <b>Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)</b>  |
| <b>\$25 Copayment</b> – Office Visit, Radiology, Diagnostic Laboratory Tests  |

|   |
|---|
| <b>Network Hospital Services (Hospital Program)</b>   |
| <b>\$25 Copayment</b> – Outpatient Physical Therapy   |
| <b>\$50 Copayment</b> – Urgent Care Center Visit  |
| <b>\$50 Copayment</b> – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests |
| <b>\$95 Copayment</b> – Outpatient Surgery  |
| <b>\$100 Copayment</b> – Emergency Department Visit   |
| <b>Network Mental Health/Substance Abuse Program Services</b>                                       |
| <b>\$25 Copayment</b> – Visit to Outpatient Substance Use Treatment Program                         |
| <b>\$25 Copayment</b> – Visit to Mental Health Professional   |
| <b>\$100 Copayment</b> – Emergency Department Visit   |

|   |
|---|
| <b>Participating Provider Services (Medical/Surgical Program)</b>   |
| <b>\$25 Copayment</b> – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit |
| <b>\$30 Copayment</b> – Non-hospital Urgent Care Center Visit   |
| <b>\$50 Copayment</b> – Non-hospital Outpatient Surgical Locations  |
| <b>\$70 Copayment</b> – Licensed Ambulance Service  |
| <b>Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)</b>  |
| <b>\$25 Copayment</b> – Office Visit, Radiology, Diagnostic Laboratory Tests  |

perf & tear

fold

perf & tear

fold

perf & tear

perf & tear

perf & tear