



Commercial HMO 2021 Schedule of Benefits

Benefit	
Primary care office visit copayment	\$10
Primary care office visit for children age 19 and under	\$0
Specialty care office visit	\$18
In-Network Out-of-Pocket Maximum	\$3000 Single/ \$6,000 Family
Wellness	\$500 Single /\$600 Family Allowance
Office or Outpatient Hospital-Based Health Services	
Routine physical exam	\$0
Routine gynecological physical exam	\$0
Diagnostic services; Radiology and imaging, including X-rays, ultrasounds, diagnostic nuclear medicine, MRIs, and CT scans	\$18
Mammograms	\$0
Bone mineral density measurements and tests	\$0
Cervical cytology screenings	\$0
Well child visits	\$0
Immunizations	\$0
In-office surgical procedures	\$18
Chiropractic services	\$18
Standard diagnostic testing for prostatic cancer	\$0
Chemotherapy	\$18
Radiation therapy	\$18
Urgent care services	\$25
Physical therapy	\$18
Occupational therapy	\$18
Speech therapy	\$18
Laboratory services	
Office laboratory services	\$0
Outpatient hospital laboratory services	\$0
Inpatient Hospital Services	
Inpatient hospital service	\$0
Maternity care	\$0
Skilled nursing facility services	\$0
Outpatient Hospital Surgery and Ambulatory Surgery Facility Services	
Surgery	
Hospital	\$100

Benefit	
Physician's office	\$18
Outpatient surgery facility	\$100
Emergency Services	
Emergency department services	\$100
Professional ambulance services	\$100

Mental Health Services	
Outpatient services	\$10
Inpatient facility services	\$0
Medical Services	
Home health care	\$18
Durable medical equipment	50%
Prosthetic and orthotic devices	20%
Hospice care*	\$0

*Hospice care is \$0 for 210 days per years of Hospice benefits

Prescription Coverage	
Retail 30-Day Supply	\$5 Copay Tier 1 / \$30 Copay Tier 2 / \$60 Copay Tier 3
Mail Order 90-Day Supply	\$12.50 Copay Tier 1 / \$75 Copay Tier 2 / \$150 Copay Tier 3

Need assistance? Call the telephone number listed on your ID card, or call us toll free at 1-877-576-6440 (TTY 711).