

HMO Benefits

Health Maintenance Organization (HMO) members are required to stay within the health plan provider network. No out-of-network services are available. Members will need to select a primary care physician (PCP) from a network of participating providers. The PCP will direct all healthcare services and make referrals to specialists and hospitalization. Benefits are outlined in each plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the HMO plan selected. For a copy of the SPD, contact the plan administrator (see page 14).

HMO Plan Design					
Plan Year Out-of-Pocket Maximum			\$3,000 Individual	\$6,000 Family	
Hospital Services					
	In-Network		Out-of-Network		
Emergency Room Services	\$300 copayment per visit		\$300 copayment per visit		
Inpatient Hospitalization	\$350 copayment per admission		Not covered		
Inpatient Alcohol and Substance Abuse	\$350 copayment per admission		Not covered		
Inpatient Psychiatric Admission	\$350 copayment per admission		Not covered		
Outpatient Surgery	\$300 copayment per visit		Not covered		
Skilled Nursing Facility	100% covered		Not covered		
Diagnostic Lab and X-ray	100% covered		Not covered		
Transplant Services					
Organ and Tissue Transplants	\$350 copay, limited to network transplant facilities as determined by the medical plan administrator. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.				
Professional and Other Services					
	In-Network		Out-of-Network		
Preventive Care/Well-Baby/Immunizations	100% covered		Not covered		
Physician Office Visit	\$40 copayment per visit		Not covered		
Specialist Office Visit	\$45 copayment per visit		Not covered		
Telemedicine	\$10 copayment		Not covered		
Outpatient Psychiatric and Substance Abuse	\$40 or \$45 copayment per visit		Not covered		
Durable Medical Equipment	70% covered		Not covered		
Home Health Care	\$45 copayment per visit		Not covered		
Prescription Drugs					
Plan Year Pharmacy Deductible – \$175 per enrollee			Preventive Prescription Drugs – \$0		
	Reduced Tier I *	Tier I	Tier II	Tier III	Specialty Tier
Copayments (30-day supply)	\$4.00	\$15.00	\$30.00	\$60.00	\$120.00
Copayments (90-day supply)	\$10.00	\$37.50	\$75.00	\$150.00	\$350.00

* Applies to specific medications as defined by plan.
Some HMOs may have benefit limitations based on a calendar year.