

HMO Benefits

Health Maintenance Organization (HMO) members are required to stay within the health plan provider network. No out-of-network services are available, other than listed below. 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.

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.