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 (see page 10).

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.