

# 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 15).

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	\$275 copayment per visit		\$275 copayment per visit	
Inpatient Hospitalization	\$375 copayment per admission		Not covered	
Inpatient Alcohol and Substance Abuse	\$375 copayment per admission		Not covered	
Inpatient Psychiatric Admission	\$375 copayment per admission		Not covered	
Outpatient Surgery	\$275 copayment per visit		Not covered	
Skilled Nursing Facility	100% covered		Not covered	
Diagnostic Lab and X-ray	100% covered		Not covered	
Complex Imaging (CT/Pet Scans/MRIs)	\$25 copayment		Not covered	
Transplant Services				
Organ and Tissue Transplants	\$375 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	\$25 copayment per visit		Not covered	
Specialist Office Visit	\$35 copayment per visit		Not covered	
Telemedicine	\$10 copayment		Not covered	
Outpatient Psychiatric and Substance Abuse	\$25 or \$35 copayment per visit		Not covered	
Durable Medical Equipment	80% covered		Not covered	
Home Health Care	\$35 copayment per visit		Not covered	
Prescription Drugs				
Plan Year Pharmacy Deductible – \$125 per enrollee		Preventive Prescription Drugs – \$0		
	Reduced Tier I *	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$4.00	\$13.00	\$31.00	\$55.00
Copayments (90-day supply)	\$10.00	\$32.50	\$77.50	\$137.50

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