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 11).

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	$425 copayment per admission	Not covered
Inpatient Alcohol and Substance Abuse	$425 copayment per admission	Not covered
Inpatient Psychiatric Admission	$425 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
Complex Imaging (CT/Pet Scans/MRIs)	$30 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	$30 copayment per visit	Not covered
Specialist Office Visit	$35 copayment per visit	Not covered
Telemedicine	$10 copayment	Not covered
Outpatient Psychiatric and Substance Abuse	$30 or $35 copayment per visit	Not covered
Durable Medical Equipment	80% covered	Not covered
Home Health Care	$35 copayment per visit	Not covered
Complex Imaging (CT/Pet Scans/MRIs)	$30 copayment	Not covered

Prescription Drugs

Plan Year Pharmacy Deductible – $150 per enrollee Preventive Prescription Drugs – $0

	Reduced Tier I *	Tier I	Tier II	Tier III
Copayments (30-day supply)	$4.00	$16.00	$33.00	$57.00
Copayments (90-day supply)	$10.00	$40.00	$82.50	$142.50

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