

## HMO Plan Design

Out-of-Pocket Maximum	\$3,000 Individual	\$6,000 Family
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## Hospital Services

	In-Network	Out-of-Network
Room Services	\$200 copayment per visit	\$200 copayment
Hospitalization	\$250 copayment per admission	Not covered
Alcohol and Substance Abuse	\$250 copayment per admission	Not covered
Psychiatric Admission	\$250 copayment per admission	Not covered
Surgery	\$150 copayment per visit	Not covered
Imaging Facility	100% covered	Not covered
Laboratory and X-ray	100% covered	Not covered

## Transplant Services

Organ Transplant Issue	\$250 copay, limited to network transplant facilities as determined by the medical plan administrator. For out-of-network coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.
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## Professional and Other Services

	In-Network	Out-of-Network
Primary Care/Well-Baby/Immunizations	100% covered	Not covered
Office Visit	\$20 copayment per visit	Not covered
Office Visit	\$20 copayment per visit	Not covered
Emergency	\$10 copayment	Not covered
Psychiatric and Substance Abuse	\$20 copayment per visit	Not covered
Medical Equipment	80% covered	Not covered
Home Care	\$15 copayment per visit	Not covered

## Prescription Drugs

Preventive Prescription Drugs – \$0

	Reduced Tier I *	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$4	\$10	\$20	\$30
Copayments (90-day supply)	\$10	\$25	\$50	\$75

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