

HMO Benefits

Plan participants must select a primary care physician (PCP) from a network of participating providers. The PCP directs healthcare services and must make referrals for specialists and hospitalizations. When care and services are coordinated through the PCP, the plan participant pays only a copayment. No annual plan deductibles apply. The HMO coverage

described below represents the minimum level of coverage an HMO is required to provide. Benefits are outlined in each plan's summary plan document (SPD). It is the plan participant's responsibility to know and follow the specific requirements of the HMO plan selected. Contact the plan for a copy of the SPD.

| HMO Plan Design | |
|--|---|
| Plan year maximum benefit | Unlimited |
| Lifetime maximum benefit | Unlimited |
| Hospital Services | |
| Inpatient hospitalization | 100% after \$250 copayment per admission |
| Alcohol and substance abuse | 100% after \$250 copayment per admission |
| Psychiatric admission | 100% after \$250 copayment per admission |
| Outpatient surgery | 100% after \$200 copayment |
| Diagnostic lab and x-ray | 100% |
| Emergency room hospital services | 100% after \$200 copayment per visit |
| Professional and Other Services (Copayment not required for preventive services) | |
| Physician Office visit | 100% after \$30 copayment per visit |
| Preventive Services, including immunizations | 100% |
| Specialist Office visit | 100% after \$30 copayment per visit |
| Well Baby Care (first year of life) | 100% |
| Outpatient Psychiatric and Substance Abuse | 100% after \$30 copayment per visit |
| Prescription drugs (30-day supply) (formulary is subject to change during plan year) | \$12 copayment for generic \$24 copayment for preferred brand \$48 copayment for nonpreferred brand \$96 copayment for specialty |
| Durable Medical Equipment | 80% |
| Home Health Care | 100% after \$30 copayment per visit |

Some HMOs may have benefit limitations based on a calendar year.