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 $150 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 $20 copayment per visit
Preventive Services, including immunizations	100%
Specialist Office visit	100% after $20 copayment per visit
Well Baby Care (first year of life)	100%
Outpatient Psychiatric and Substance Abuse	100% after $20 copayment per visit
Prescription drugs (30-day supply) (formulary is subject to change during plan year)	$10 copayment for generic $20 copayment for preferred brand $40 copayment for nonpreferred brand
Durable Medical Equipment	80%
Home Health Care	100% after $15 copayment per visit

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