

APPENDIX F
Network (HMO) Health Plan
Active Employees HMO

Service Received	Your Share of the Cost
These services MUST be provided by or referred by your Primary Care Provider (PCP).	
Preventive Care <ul style="list-style-type: none"> • Immunization (including travel), lead screening, PSA (prostate screening) • Routine physical exam and well-baby care • Routine hearing screening • Routine prenatal and postpartum care • Preventive colonoscopy • Family planning <i>See "Other Services" for additional Preventive Care information</i>	No Charge
Office Visit <ul style="list-style-type: none"> • Medical exam, office surgery 	\$15 PCP /\$30 Specialist Copay
Other Outpatient Care <ul style="list-style-type: none"> • Short term rehabilitative therapy-physical, occupational, cardiac or speech (<i>unlimited</i>) • Allergy treatment and injections 	\$15 Copay
<ul style="list-style-type: none"> • Surgery-Outpatient department of a hospital (<i>non-site of service location</i>) • Lab-Outpatient department of a hospital (<i>non-site of service location</i>) • CT scan, MRI, X-ray and ultrasound 	Deductible Applies
Site of Service <ul style="list-style-type: none"> • Surgery rendered at independent Ambulatory Surgery Center • Lab rendered at an independent facility 	No Charge
Inpatient Care (as a bed patient in an acute care hospital) <ul style="list-style-type: none"> • Semi-private room and board • Physician in-hospital care, surgery, anesthesia, lab, X-ray, CT scan, MRI, medical supplies, medication and physical, occupational and speech therapy • Maternity care-Delivery 	Deductible Applies
Skilled Nursing Facility and Rehabilitation Facility Care <i>(limited to 100 days combined per member, per calendar year)</i>	
Durable Medical Equipment (DME) and External Prosthetic Devices <i>(unlimited)</i>	No Charge
These services DO NOT require a PCP referral as long as you use designated network providers.	
Other Services <ul style="list-style-type: none"> • Routine vision exam (<i>one exam every calendar year</i>) • Chiropractic visit (<i>limited to 24 visits per member per calendar year</i>) • Infertility office visits (tests, counseling) • Treatment for surgical and non-surgical TMJ (<i>excluding appliances and orthodontic treatment</i>) 	No Charge
<ul style="list-style-type: none"> • OB/GYN care-well women exam annually • Mammogram and pap smear 	No Charge
<ul style="list-style-type: none"> • Hearing aids–birth to age 18; 19 and over hearing aid maximum of \$1500 for each ear every 60 months • Nutritional Counseling (<i>if billed as an office visit, services will be subject to an office visit co-pay, 3 visits per member per calendar year, unlimited for diabetes or organic disease</i>) 	No Charge

These services DO NOT require a PCP referral for medical emergencies as defined by your Benefit Booklet.

Hospital Emergency Room (ER)/Urgent Care Facility <ul style="list-style-type: none"> ER charge (<i>copay waived if admitted</i>) Urgent Care Walk In Center ER physician fee, lab, medical supplies 	\$100 Copay \$50 Copay \$30 Copay No Charge
Ambulance (<i>medically necessary emergency transport only</i>)	No Charge

No PCP referral required for these services. All care must be authorized in advance by the Behavioral Health Administrator.

Mental Health <ul style="list-style-type: none"> Outpatient services <ul style="list-style-type: none"> Individual Therapy Office Visit Intensive Outpatient Treatment Program (IOP) Group Therapy 	\$15 Copay No Charge
<ul style="list-style-type: none"> Inpatient services <ul style="list-style-type: none"> Inpatient Partial Hospitalization Program (PHP) 	Deductible Applies
Substance Use Disorder <ul style="list-style-type: none"> Outpatient services <ul style="list-style-type: none"> Individual Therapy Office Visit Intensive Outpatient Treatment Program (IOP) Group Therapy 	\$15 Copay No Charge
<ul style="list-style-type: none"> Inpatient services <ul style="list-style-type: none"> Inpatient (<i>Including medical detoxification & SA rehabilitation</i>) Partial Hospitalization Program (PHP) 	Deductible Applies

Deductible

- \$500 per member no more than \$1000 per family per calendar year

Copay Maximums (for covered medical costs)

- Individual Out-of-Pocket Copay Maximum \$500 per member per calendar year
- Family Out-of-Pocket Copay Maximum \$1000 per family per calendar year

Lifetime Dollar Limit

- Unlimited

Other

- **Health Education Reimbursement : \$150 per family per calendar year
- **Fitness Equipment Reimbursement: \$200 per employee per calendar year **OR** Health Club Benefit: \$450 per employee per calendar year*
- Eyewear benefits: \$100 every two years per family member (Includes eyeglasses (frames and lenses) and contact lenses).

***Married State Employees:** If two state employees are married, each employee is entitled to receive the Fitness Equipment Reimbursement OR the Health Club Benefit per calendar year.

**This is a taxable benefit.

Prescription Drugs

Prescription drug benefits are administered through the State’s Pharmacy Benefit Manager.

	Retail Pharmacy (days supply limit: up to a 31-days)	Mail Service Pharmacy (days supply limit: up to a 90-days)
Employee Share of the Cost (copayment)	<ul style="list-style-type: none"> • \$10 for each generic medication • \$25 for each preferred brand-name medication • \$40 for each non-preferred brand-name medication 	<ul style="list-style-type: none"> • \$1 for each generic medication • \$40 for each preferred brand-name medication • \$70 for each non-preferred brand-name medication
Maximums (for covered prescription costs)	<ul style="list-style-type: none"> • \$750 per individual per calendar year • \$1,500 per family per calendar year 	
	<ul style="list-style-type: none"> • Mandatory Mail Order (for Maintenance Drugs after three (3) retail purchases per prescription, with employee opt out. • Exclusive Specialty Pharmacy • Quantity Limits 	<ul style="list-style-type: none"> • Mandatory Generic Substitution with DAW 2 (i.e., the only exception is physician ordered “Dispense as Written”) • Traditional Generic Step Therapy • Pharmacy Adviser

End