HMO Benefits

Members 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 member pays only a copayment. No plan year deductibles apply. However, there is an annual $100 prescription deductible per enrollee. 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 member's responsibility to know and follow the specific requirements of the HMO plan selected. Contact the plan administrator for a copy of the SPD.

HMO Plan Design	
Plan year maximum benefit	Unlimited
Lifetime maximum benefit	Unlimited
Hospital Services	
Inpatient hospitalization	100% after $350 copayment per admission
Alcohol and substance abuse	100% after $350 copayment per admission
Psychiatric admission	100% after $350 copayment per admission
Outpatient surgery	100% after $250 copayment per visit
Diagnostic lab and x-ray	100%
Emergency room hospital services	100% after $250 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 $30 copayment per visit
Well Baby Care (first year of life)	100%
Outpatient Psychiatric and Substance Abuse	100% after $20 or $30 copayment per visit
Prescription drugs (30-day supply) ($100 deductible applies; formulary is subject to change during plan year)	$8 copayment for generic $26 copayment for preferred brand $50 copayment for nonpreferred brand
Durable Medical Equipment	80%
Home Health Care	$30 copayment per visit

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