Covered Medical Benefits	Current L145 HMO Plan	NEW L145 Select HMO Plan
Overall Deductible	$0	$0
Out-of-Pocket Limit	$1,500 single / $3,000 family	$1,500 single / $3,000 family
Preventive care/screening/immunization	No charge	No charge
Doctor Home and Office Services		
Primary care visit to treat an injury or illness	$20 copay per visit	$20 copay per visit
Specialist care visit	$20 copay per visit	$20 copay per visit
Prenatal and Post-natal Care	$20 copay per visit	$20 copay per visit
Other services in an office:		
Allergy testing	$20 copay per visit	$20 copay per visit
Chemo/radiation therapy	$20 copay per visit	$20 copay per visit
Hemodialysis	$20 copay per visit	$20 copay per visit
Prescription drugs *For the drugs itself dispensed in the office thru infusion/injection*	20% coinsurance up to $150 per visit	20% coinsurance up to $150 per visit
Diagnostic Services		
Lab:		
Office	No charge	No charge
Freestanding Lab	No charge	No charge
Outpatient Hospital	No charge	No charge
X-ray:		
Office	No charge	No charge
Freestanding Radiology Center	No charge	No charge
Outpatient Hospital	No charge	No charge
Advanced diagnostic imaging (for example, MRI/PET/CAT scans):		
Office *Costs may vary by site of service.*	$100 copay per test	$100 copay per test
Freestanding Radiology Center	$100 copay per test	$100 copay per test

Costs may vary by site of service.	$100 copay per test	$100 copay per test
Outpatient Hospital *Costs may vary by site of service.*	$100 copay per test	$100 copay per test
Emergency and Urgent Care **Emergency room facility services** *This is for the hospital/facility charge only. The ER physician charge may be separate. Copay waived if admitted.* **Emergency room doctor and other services**	$100 copay per visit No charge	$100 copay per visit No charge
Ambulance (air and ground)	$100 copay per trip for ground and air	$100 copay per trip for ground and air
Urgent Care (office setting) *Copay waived if admitted.*	$20 copay per visit	$20 copay per visit
Outpatient Mental/Behavioral Health and Substance Abuse **Doctor office visit** **Facility visit:** Facility fees	$20 copay for non-preventive visit. No charge	$20 copay for non-preventive visit. No charge
Outpatient Surgery **Facility fees:** Hospital Freestanding Surgical Center **Doctor and other services**	**$100 copay per admission** **$100 copay per admission** No charge	**No charge** **No charge** No charge
Hospital Stay (all inpatient stays including maternity, mental / behavioral health, and substance abuse) **Facility fees (for example, room & board)** **Doctor and other services**	**$200 copay per admission** No charge	**No charge** No charge
Recovery & Rehabilitation **Home health care** *Coverage for In-Network Provider is limited to 100 visit limit per benefit period.*	$20 copay per visit	$20 copay per visit
Skilled nursing care (in a facility) *Coverage for In-Network Provider is limited to 100 day limit per benefit period.*	No charge	No charge
Hospice	No charge	No charge

Durable Medical Equipment	20% coinsurance	20% coinsurance
Prosthetic Devices	No charge	No charge

Prescription Drug Coverage		
Tier1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program) You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days.*	$15 copay per perscriptions	Tier1a - Typically Lower Cost Generic **$5 copay** per prescription Tier1b- Typically Generic $15 copay per prescription
Tier2 - Typically Preferred / Brand *Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program)*	$30 copay per prescription	$30 copay per prescription
Tier3 - Typically Non-Preferred / Specialty Drugs *Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program)*	$50 copay per prescription	$50 copay per prescription
Tier4 - Typically Specialty Drugs *Covers up to a 30 day supply (retail pharmacy and home delivery program)*	30% coinsurance up to **$150** per prescription (retail) and **$300** per perecription (home delivery)	30% coinsurance up to **$250** per prescription (retail and home delivery)