

Benefit Chart	Gold 80 HMO
	2024
	Employer Group
Deductibles	
Annual Medical Deductible	Individual \$250 / Family \$500
Annual Drug Deductible	\$0
Maximum Out of Pocket	Individual \$7,800 / Family \$15,600
Professional Services	
Provider's Office or Clinic Visit	
Preventive Care / Screening / Immunization	\$0 Copay
Family Planning (Consultation and Contraceptive Services)	\$0 Copay
Preconception and Prenatal Visits	\$0 Copay
Diabetes Care Management	\$0 Copay
Diabetes Education	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$35 Copay
Specialist Visit	\$55 Copay
Acupuncture	\$35 Copay
Allergy Visit (Testing and Treatment)	\$55 Copay
Other Practitioner Office Visit	\$35 Copay
Outpatient Services	
Tests	
Laboratory Tests	\$35 Copay
X-Rays	\$55 Copay
Imaging (CT/PET Scans, MRIs)	After Medical Deductible, \$250 Copay
Outpatient Surgery	
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	After Medical Deductible, \$300 Copay
Outpatient Physician/Surgeon Fees	\$35 Copay
Outpatient Visit	20% Coinsurance
Hospitalization Services	
Facility Fee (e.g., Hospital Room)	After Medical Deductible, \$600 per Day (Up to the First 5 Days)
Inpatient Physician/Surgeon Fees	\$0 Copay
Delivery and All Inpatient Services (Hospital Services)	After Medical Deductible, \$600 per Day (Up to the First 5 Days)

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Delivery and All Inpatient Services (Professional Services)	\$0 Copay
Emergency Health Coverage	
Emergency Room Services	After Medical Deductible, \$250 Copay
Emergency Room Physician Fee	\$0 Copay
Urgent Care	\$35 Copay
Ambulance Services	
Medical Transportation (Including Emergency and Non-emergency)	After Medical Deductible, \$250 Copay
Prescription Drug Coverage	
Tier 1: Generic Drugs (30-Day Supply)	\$15 Copay
Tier 1: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$30 Copay
Tier 2: Preferred Brand Drugs (30-Day Supply)	\$40 Copay
Tier 2: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$80 Copay
Tier 3: Non-Preferred Brand Drugs (30-Day Supply)	\$70 Copay
Tier 3: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$140 Copay
Tier 4: Specialty Drugs (30-Day Supply)	20% Coinsurance, Up to \$250 per Prescription
Medical Supplies / Durable Medical Equipment	
Medical Supplies	20% Coinsurance
Prosthetic Devices	20% Coinsurance
Durable Medical Equipment	20% Coinsurance
Mental Health Services	
Mental/Behavioral Health Outpatient Office Visits	\$0 Copay
Mental/Behavioral Health Other Outpatient Items and Services	\$35 Copay
Mental/Behavioral Health Inpatient Facility Fee	After Medical Deductible, \$600 per Day (Up to the First 5 Days)
Mental/Behavioral Health Inpatient Professional Fee	\$0 Copay
Chemical Dependency Services	

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Substance Use Disorder Outpatient Office Visits	\$0 Copay
Substance Use Disorder Other Outpatient items and Services	\$35 Copay
Substance Use Disorder Inpatient Facility Services	After Medical Deductible, \$600 per Day (Up to the First 5 Days)
Substance Use Disorder Inpatient Professional Fee	\$0 Copay
Home Health Services	
Home Health Care	\$30 Copay
Rehabilitation Services	\$35 Copay
Habilitation Services	\$35 Copay
Skilled Nursing Care	After Medical Deductible, \$300 per Day (Up to the First 5 Days)
Hospice Services	\$0 Copay
Pediatric (Ages 0-18) Vision and Dental, Included in Plan	
Pediatric Vision - Administered by VSP	
Annual Eye Exam	\$0 Copay
Contact Lenses in Lieu of Glasses	\$0 Copay
Pediatric Dental - Administered by Delta Dental	
Other Dental Services	See Delta Dental Evidence of Coverage (EOC)