

	<b>HMO Flex C1F1—\$10/\$20/\$35</b>
<b>MEDICAL BENEFITS</b>	
Deductible (Individual; Family)	NA
Coinsurance	NA
Out-of-Pocket Maximum (Per Member; Per Family)	\$7,150; \$14,300
Alcohol/Drug Inpatient	No charge
Alcohol/Drug Outpatient	\$20 copay
Ambulance	No charge
Blood	\$20 copay
Diabetic Equipment & Supplies and Medical/Consumable	30% of contracted fee schedule for a DME provider
Diagnostic—Routine; Non-Routine	\$20 copay; \$40 copay
Emergency Care Services	\$100 copay (waived if admitted)
Hospital Services	No charge
Injectable Medications - Specialty	\$50 copay
Maternity/OB Care Prof. Svc	\$10 copay
Mental Health Inpatient	No charge
Mental Health Outpatient	\$20 copay
Preventive Care Services	No charge
PCP Office Visits - Non-Preventive	\$10 copay
Specialist Office Visit	\$20 copay
Spinal Manipulation	\$20 copay
Surgical - 2nd Opinion	\$20 copay
Outpatient Surgery	No charge
Therapy Ortho/Pleoptic and Rehab	\$20 copay (Cardiac, Pulm, Speech \$20 copay)
Urgent Care	\$70 copay
<b>OUT-OF-NETWORK BENEFITS</b>	
Deductible	NA
Coinsurance (% Plan Pays)	NA
Out-of-Pocket Maximum	NA
<b>PRESCRIPTION BENEFITS (Retail: up to a 30-day supply shown below: Mail order: Up to a 90-day Supply cost is 2x retail)</b>	
Retail Pharmacy	
Generic	\$10
Preferred	\$20
Non-Preferred	\$35