



Family Health Plus Benefits

Benefit	Current Benefit	Benefit Effective 9/1/05
Inpatient Hospital	No Copay	\$25 copay per admission in a general hospital, no maximum. No copay taken for: <ul style="list-style-type: none"> • childbirth • miscarriage • family planning services • prenatal care
Inpatient Hospital <ul style="list-style-type: none"> • Copay is to be taken for each hospitalization of any length involving at least one overnight stay. • If member is discharged and a subsequent hospital stay is necessary, then another copay will be required. • If member is admitted as result of ER—the inpatient copay is applicable. • Copay is taken by the discharge hospital 		
Benefit	Current Benefit	Benefit Effective 9/1/05
Outpatient Surgical	No Copay	No copay for outpatient surgery
Benefit	Current Benefit	Benefit Effective 9/1/05
Prescription Drug	No Copay	\$3 copay generic, \$6 brand name, per prescription and/or refill, no maximum No copay for: <ul style="list-style-type: none"> • psychotropic drugs • tuberculosis drugs • prescription drugs for adults of an adult care facility
Over the Counter Drugs (OTC)		<ul style="list-style-type: none"> • OTC-\$0.50 each (smoking cessation patches, smoking cessation gum, insulin and vitamins that are medically necessary to treat a diagnosed illness or condition)

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Physician Visit	No Copay	\$5 copay per visit-no maximum <ul style="list-style-type: none"> • No copay for emergency services
Physician Visit <ul style="list-style-type: none"> • Copay is for professional component. If provider bills separate for an X-ray or lab (done in the office) then copay(s) for the lab and/or X-ray will apply • Copay also applies when patient sees Physician Assistant or Nurse Practitioner • If ophthalmologist treats medical condition copay applies • If podiatrist treating medical condition copay applies 		
Benefit	Current Benefit	Benefit Effective 9/1/05
Clinic Visit	No Copay	\$5 copay per visit-no maximum No copay for: <ul style="list-style-type: none"> • emergency services • visits for family planning/prenatal services • chemical dependence clinics • MM/DD clinics
Clinic Visit <ul style="list-style-type: none"> • Clinic copays---do not apply to dialysis centers • No copay for Occupational, Speech or Physical Therapy 		
Benefit	Current Benefit	Benefit Effective 9/1/05
Emergency Room	No Copay	No copay for urgent or emergent services. \$3 copay to apply for non-urgent and non-emergency services.
Benefit	Current Benefit	Benefit Effective 9/1/05
Lab Tests	No Copay	\$0.50 per test No copay for: <ul style="list-style-type: none"> • pregnancy or prenatal tests • laboratory services related to emergencies
Benefit	Current Benefit	Benefit Effective 9/1/05
Radiology Service-X-rays (including diagnostic radiology, ultrasound, nuclear medicine & radiation oncology services)	No Copay	\$1 for each service billed

Benefit	Current Benefit	Benefit Effective 9/1/05
Medical Supplies Covered supplies: <ul style="list-style-type: none"> • Diabetic supplies (eg: test strips, glucose monitor, lancets, syringes) • Enteral Formula • Hearing Aid Batteries 	No Copay	\$1 for each supply
Vision	No Copay Covers: <ul style="list-style-type: none"> • One exam, one pair lenses & frames or contacts every 2 years when medically necessary • One pair medically necessary occupational eyeglasses every 2 years • Emergency services • Repairs/ replacements of lenses & frames • Artificial eyes 	No copay Covers <ul style="list-style-type: none"> • One exam, one pair lenses & frames or contacts every 24 months when medically necessary • One pair medically necessary occupational eyeglasses every 24 months • Emergency services
Vision <ul style="list-style-type: none"> • If treatment is for a medical condition \$5 copay applies • No coverage for lost, replacement or damaged eyeglasses • No coverage for artificial eyes 		

Multiple copays may apply