



X-ray, imaging, and special diagnostic procedures	\$15 per department visit	20% Coinsurance	40% Coinsurance after Deductible
CT, MRI, PET scans	\$100 per department visit	20% Coinsurance	40% Coinsurance after Deductible
<b>Medications (outpatient)</b>		<b>You pay</b>	
Prescription drugs (up to a 30 day supply)	\$20 generic / \$40 preferred brand / \$60 non-preferred brand	At MedImpact Pharmacy \$30 generic/\$60 preferred brand/\$80 non-preferred brand	
Mail Order Prescription drugs (up to a 90 day supply)	\$40 generic / \$80 preferred brand / \$120 non-preferred brand	MedImpact Mail-Order call CVS Caremark 1-800-237-2767	
Administered medications, including injections (all outpatient settings)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Nurse treatment room visits to receive injections	\$10	\$25	40% Coinsurance after Deductible
<b>Maternity Care</b>		<b>You pay</b>	
Scheduled prenatal care visits and postpartum visit	\$0	\$0	40% Coinsurance after Deductible
Laboratory	\$15 per department visit	20% Coinsurance	40% Coinsurance after Deductible
X-ray, imaging, and special diagnostic procedures	\$15 per department visit	20% Coinsurance	40% Coinsurance after Deductible
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Hospital Services</b>		<b>You pay</b>	
Ambulance Services (per transport)	20% Coinsurance after Deductible		
Emergency services	\$250 (Waived if admitted)		
Inpatient Hospital Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Outpatient Services (other)</b>		<b>You pay</b>	
Outpatient surgery visit	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Chemotherapy/radiation therapy visit	\$35 after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Durable medical equipment	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Physical, speech, and occupational therapies (25 visits combined per Year)	\$35	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Skilled Nursing Facility Services</b>		<b>You pay</b>	
Inpatient skilled nursing Services (up to 100 days per Year)	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible
<b>Mental Health and Substance Use Disorder Services</b>		<b>You pay</b>	
Outpatient Services	\$5 for first 3 visits; then \$25 per visit for additional visits in the same Year *	\$5 for first 3 visits; then \$30 per visit for additional visits in the same Year *	40% Coinsurance after Deductible
Inpatient hospital & residential Services	10% Coinsurance after Deductible	20% Coinsurance after Deductible	40% Coinsurance after Deductible

