

Enhanced MEHIP (Municipal Employees Health Insurance Plan)

SCHEDULE OF BENEFITS – HMO/EPO

This schedule generally describes the benefits available for Covered Services. For a more detailed explanation of benefits provided, you should refer to the appropriate section of the Summary Booklet. This Schedule of Benefits is subject to all the terms, conditions, and limitations set forth in the Summary Booklet.

COVERED SERVICE	IN-NETWORK SERVICES
Covered Person Annual Deductible	Not Applicable
Covered Person Coinsurance	Not Applicable
Covered Person Cost-Share Maximum	Not Applicable
Lifetime Maximum	Unlimited
PREVENTIVE SERVICES	
Well Child Care:	\$0 Co-pay
6 exams from birth to 1 year of age	
6 exams 1 through 5 years of age	
1 exam every 2 Calendar Years 6 through 10 years of age	
1 exam every Calendar Year 11 through 21 years of age	
Adult Physical Examinations:	\$0 Co-pay
1 exam every 5 Calendar Years 22 through 29 years of age	
1 exam every 3 Calendar Years 30 through 39 years of age	
1 exam every 2 Calendar Years 40 through 49 years of age	
1 exam per Calendar Year 50 years of age and older	
Routine Gynecological Visit	\$0 Co-pay
1 visit per Calendar Year including pap smear	
Mammography	\$0 Co-pay
One baseline screening for female 35 through 39 years of age	
One screening mammogram every Calendar Year for female 40 and older	
Note: or more frequently if recommended by the woman's Physician (M.D.)	

Immunizations and Vaccinations	\$0 Co-pay
includes those needed for travel	
Vision Exams	\$0 Co-pay
1 vision exam and refraction every 12 Months	
Hearing Exams	\$0 Co-pay
1 hearing exam every 2 Calendar Years	
HOSPITAL SERVICES	
All Inpatient Admissions	\$100 Co-pay Per Admission
[There is a maximum of 3 Per Admission Co-payments per Member per Calendar Year.]	
Specialty Hospital	\$100 Co-pay Per Admission
60 days per Covered Person per Calendar Year	
Outpatient Surgery	\$100 Outpatient Hospital Co-pay
In a licensed ambulatory surgical center (including colonoscopy)	
DIAGNOSTIC SERVICES	
Diagnostic, Laboratory and X-ray Services	\$15 Co-pay
High Cost Diagnostic Tests	\$25 Co-pay
MRI, MRA, CAT, CTA, PET and SPECT scans (\$375 calendar year maximum in co-payments)	
THERAPY SERVICES	
Outpatient Rehabilitation	\$15 Co-pay
Outpatient rehabilitative and restorative physical, occupational and chiropractic therapy Limited to 50 combined visits per Calendar Year	
Speech Therapy Limited to 30 visits per Calendar Year	\$15 Co-pay
Other Therapy Services:	\$0 Co-pay
Outpatient cardiac rehabilitation therapy Radiation therapy: Chemotherapy for the treatment of cancer Electroshock Therapy Kidney Dialysis in a Hospital or freestanding	

dialysis center

Allergy Office Visit/Testing \$15 Co-pay
Allergy Injections \$0 Co-pay for Allergy Injection
Immunotherapy or other therapy treatments
Up to a maximum of 30 visits per Calendar Year period

MEDICAL EMERGENCY / URGENT CARE SERVICES

Emergency Room Treatment \$50 Co-pay
Emergency Room Copayment waived if the Covered Person is admitted directly to the Hospital from the emergency room

Urgent Care Services \$25 Co-pay

Ambulance \$0 Co-pay

Land & Air: Paid according to the Department of Public Health Ambulance Service Rate Schedule.

PHYSICIAN MEDICAL/ SURGICAL SERVICES

Physician Office Visit \$15 Co-pay
Specialist Office Visit \$15 Co-pay
Services of a Physician or Surgeon \$0 Co-pay
(other than a medical office visit)

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Outpatient Treatment for Mental Health Care and Substance Abuse Care \$15 Co-pay

Inpatient Hospital Services \$100 Co-pay
In a Hospital or Residential Treatment Center for Mental Health Care Per Admission

Inpatient Rehabilitation Treatment \$100 Co-pay
for Substance Abuse Care
In a Hospital or Substance Abuse Treatment Facility Per Admission

OTHER MEDICAL SERVICES

Skilled Nursing Facility \$100 Co-pay
up to 120 days per Calendar Year

Private Duty Nursing No Cost Share
limited to \$15,000 Per Calendar Year

Human Organ and Tissue Transplant Service \$1,000,000 Lifetime Maximum	\$0 Co-pay
Home Health Care Nursing and therapeutic services limited to 200 visits Home health aide services limited to 80 visits that are applicable to the 200 visit limit	\$0 Co-pay
Infusion Therapy Unlimited	\$0 Co-pay
Durable Medical Equipment and Prosthetic Devices Unlimited maximum per Covered Person per Calendar Year Hearing Aid Coverage Available for dependent children age 12 years and under with a maximum of \$1,000 within a two year period.	No Cost Share
Ostomy Related Services	\$0 Co-pay
Wig Up to \$350 maximum per Covered Person per Calendar Year.	\$0 Co-pay
Specialized Formula	\$0 Co-pay
Hospice Care (inpatient) 60 days per Calendar Year	\$0 Co-pay
Infertility Services State Mandate	
Office Visit	\$15 Co-pay
Outpatient Hospital	\$100 Co-pay
Inpatient Hospital	\$100 Co-pay
Infertility Drugs The maximum supply of a drug for which benefits will be provided when dispensed under any one prescription is 30 day supply or 100 unit dose, whichever is greater Note: If this certificate has a Prescription	Paid as Out-of-Network

Drug rider, see rider for infertility drug coverage. Infertility drugs will not apply to the Prescription Drug Rider Maximum. In the absence of a prescription drug rider then the coverage stated in this Schedule of Benefits will apply.

Maternity

\$15 Co-pay
Initial visit only

OTHER

Penalty for Failure to Prior Authorize Covered Services

\$200 Hospital
and
25% Physician
of Maximum Allowable Amount (MAA)

Please note that the combined penalty amount for Facility Benefit and the Admitting Physician Benefit will be no greater than \$500

Pre-Existing Condition Limitation Exclusion – For Late Enrollees cover charges for Pre-Existing Conditions diagnosed or treated during the 6 months immediately preceding the original Effective Date of continuous coverage during the Pre-Existing Condition Limitation Period are not covered. The Pre-Existing Condition Limitation Period may last up to 12 months from your Enrollment Date. Credit from prior Creditable Coverage will be applied if applicable to reduce your specific Pre-Existing Condition Limitation Period.