

SERVICES		EPO HYBRID 30/60 RX8 - 308 - SUSF3055	
		In-Network	
Metal Category	Silver		
Coverage			
Deductible	\$2,000/\$4,000		
Deductible Type	Embedded		
Coinsurance	20%		
Out of Pocket Maximum	\$6,350/\$12,700		
Bonus Account	N/A		
Benefits	After Deductible (if applicable), Member Pays		
Office Visits			
PCP	\$30, not subject to deductible		
Specialist	\$60, not subject to deductible		
Preventive Care			
Preventive Care for Children and Adults (Including Physicals, Immunizations and Inoculations)	Covered in full, not subject to deductible		
Adult Annual Gynecological Exam	Covered in full, not subject to deductible		
Drug Coverage			
Drug Coverage	\$10/\$50/\$80, not subject to the deductible		
Hospital Services			
Inpatient Hospital (Including Inpatient Skilled Nursing , Inpatient Mental Health, and Inpatient Substance Use)	20%		
Outpatient Surgery	20%		
Emergency Care			
World Wide Emergency Room Care	20% (waived if admitted)		
Ambulance	20%		
Urgent Care			
Urgent Care	\$40, not subject to deductible		
Diabetic Services			
Insulin and Oral Medication-up to a 30 day supply	\$15, not subject to deductible		
Diabetic Supplies (needles and syringes)-up to a 30 day supply	\$15, not subject to deductible		
Laboratory Services			
Laboratory Services	\$30 if performed at PCP office. \$60 if performed at a Freestanding Lab, Specialist office, or if performed as Outpatient Hospital Services. Not Subject to Deductible. Covered in Full at Preferred CDPHP Laboratory		

Diagnostic Testing	
Diagnostic Radiology Services	\$30 if performed at PCP office, \$60 if performed at Freestanding Radiology Facility, Specialist office, or if performed as Outpatient Hospital Services. Not Subject to Deductible. Covered in Full at Preferred CDPHP Radiology
Mammogram	Covered in Full, not subject to deductible
Prostate Cancer Screening	Covered in Full, not subject to deductible
Rehabilitative Therapy	
Rehabilitative Physical, Speech and Occupational Therapy	\$60, not subject to deductible (60 visits per condition, per lifetime combined therapies)
Chiropractic Benefits	
Chiropractic Benefits	\$60, not subject to deductible
Home Health Care	
Home Health Care	\$30, not subject to deductible
Prosthetic/Med Equipment	
Prosthetic Devices and Durable Medical Equipment Coinsurance	50%, not subject to deductible
Mental Health Services	
Outpatient Mental Health Services	\$30, not subject to deductible
Outpatient Substance Use Services	\$30, not subject to deductible
Additional Options	
1	Domestic Partner-Same or Opposite Sex