

Mental Health Care

Inpatient Mental Health (30 days)	\$500 copay
Outpatient Mental Health (20 Visits)	50% copay

Substance Abuse Treatment

Inpatient Substance Abuse (30 days detox, No IP Rehab)	\$500 copay
Outpatient Substance Abuse (60 visits per mbr per cal yr)	Specialist Copay

Other Services

Diabetic Supplies and Equipment	PCP copay
Durable Medical Equipment	50% with \$1,000 ann max
Home Health Care (365 visits)	Covered in full
Hospice	Covered in full
Prosthetic and Orthotic (in-network only)	50% with \$1,000 ann max
Skilled Nursing Facility (non-custodial) Unlimited days	\$500 copay
Prescription Drugs - up to 30 day supply*	50% Generic or Brand copay (MPTD)
\$0 copay for generic formulary oral contraceptives	
Mail Order - if prescription drug coverage is purchased	2.5 times copay for 90 days supply

Vision

Annual exam	Specialist Copay
Eye glass lenses	Covered in full
Frames and Contact lenses	Low copays

Dental

Annual exam and cleaning	Specialist Copay
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Out-of-Network Benefits

Deductible	\$1,000
Coinsurance	30%
Out-of-Pocket Max	\$5,000
Annual Out-of-Network Max	\$250,000
Lifetime maximum	Unlimited

Additional Coverage

Dependent/Student coverage to age	19/25
Domestic Partner	Covered

This is a summary of covered benefits and is not intended as an actual contract.