

HOW COPAYMENT PLANS WORK



Copayment plans are the simplest to use and to understand. **No services are subject to a deductible.**

With copayment plans, you pay set charges (or copayments) for certain covered services so you know your out-of-pocket costs for doctor's visits, prescriptions, etc., in advance. And since you don't have to meet a deductible, you're eligible to pay copayments from the first day of coverage.

USING A COPAYMENT PLAN

Let's say you injure your ankle and visit your primary care physician, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.

On the Copayment 25 plan, you would pay a separate copayment (or copay) for each of the covered services you received. In this case, you would pay a \$25 copay for the doctor's office visit, a \$10 copay for the X-ray, and a \$10 copay for the generic drug.

No surprises. No deductible.

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BENEFIT HIGHLIGHTS

	COPAYMENT PLANS		
	COPAYMENT 25	COPAYMENT 40	COPAYMENT 50
FEATURES			
Annual deductible	None		
Annual out-of-pocket maximum	\$2,500	\$3,000	\$3,500
BENEFITS			
PREVENTIVE CARE			
Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage.			
OUTPATIENT SERVICES (per visit or procedure)			
Primary care/Specialty office visit	\$25 copay	\$40 copay	\$50 copay
Most X-rays and lab tests	\$10 copay		
MRI, CT, and PET	\$50 copay		
Outpatient surgery	\$100 copay	\$200 copay	\$250 copay
INPATIENT HOSPITAL CARE			
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$200 copay per day	\$350 copay per day	\$500 copay per day
MATERNITY			
Routine prenatal care visit	No charge		
Delivery and inpatient well-baby care	\$200 copay per day	\$350 copay per day	\$500 copay per day
EMERGENCY AND URGENT CARE			
Emergency Department visit (waived if admitted)	\$100 copay		\$150 copay
Urgent care visit	\$25 copay	\$40 copay	\$50 copay
Ambulance service	\$100 copay	\$200 copay	\$300 copay
PRESCRIPTION DRUGS¹			
Plan pharmacy (up to a 30-day supply)	Generic: \$10 copay/Brand: \$35 copay		Not covered
Mail-order (up to a 100-day supply)	Generic: \$20 copay/Brand: \$70 copay		Not covered

Benefits are for effective dates July 1, 2012, through December 15, 2012, and are subject to change.

This is a summary of the most frequently asked-about benefits and their copayments. For more information on benefits and copayments, please refer to the *Disclosure Form*. Detailed information about your plan is in the *Membership Agreement*, which will be mailed to you upon acceptance or upon request. To request a copy of the *Membership Agreement* for a particular plan, please call us at 1-800-634-4579 or contact your broker.

¹Prescribed contraceptives are no charge.

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