

OPTIONS HMO PORTFOLIO

Please note: HMO plans are available with Silver Network.⁸

BENEFIT DESCRIPTION ¹	OPTIONS HMO 25 87G (\$5Y)	OPTIONS HMO 35 87H (\$5Z)
PLAN MAXIMUMS		
Out-of-pocket maximum	\$3,000 single/\$6,000 family	\$4,000 single/\$8,000 family
Lifetime medical benefit maximum	No maximum	No maximum
PROFESSIONAL SERVICES		
Office visit (including specialist consultation)	\$25 copayment	\$35 copayment
Periodic health evaluations (including newborn and well-child care and immunizations)	\$25 copayment (birth through age 2 covered in full)	\$35 copayment (birth through age 2 covered in full)
Adult preventive care (age 17 and older)	\$25 copayment	\$35 copayment
X-ray and laboratory procedures ²	Covered in full	Covered in full
Rehabilitation therapy ³	\$25 copayment	\$35 copayment
Self-injectable drugs	30%	30%
HOSPITAL SERVICES		
Inpatient hospital facility services (includes maternity)	20%	30%
Outpatient facility services (other than surgery)	20%	30%
Outpatient surgery (hospital or outpatient surgery center charges only)	20%	30%
Skilled nursing facility	Days 1–10: covered in full Days 11–100: \$25 per day	Days 1–10: covered in full Days 11–100: \$25 per day
EMERGENCY SERVICES		
Professional services	Covered in full	Covered in full
Emergency room facility (copayment waived if admitted)	\$100 copayment	\$100 copayment
Urgent care facility	\$50 copayment	\$50 copayment
Ambulance services (ground and air)	\$100 copayment	\$100 copayment
BEHAVIORAL HEALTH SERVICES⁶		
Severe mental health (outpatient/inpatient)	\$25 copayment/20%	\$35 copayment/30%
Non-severe mental health (outpatient/inpatient)	\$30 (20 visits per calendar year)/ 20% (30 days per calendar year)	\$40 (20 visits per calendar year)/ 30% (30 days per calendar year)
Chemical dependency (outpatient/inpatient)	Not covered	Not covered
Acute care detoxification	20%	30%
OTHER SERVICES		
Durable medical equipment	50% (\$2,000 maximum per calendar year)	50% (\$2,000 maximum per calendar year)
Orthotics and prosthetics	Covered in full	Covered in full
Diabetic equipment	20%	20%
Acupuncture, Chiropractic services ⁴	Optional rider available	Optional rider available
PRESCRIPTION DRUG COVERAGE⁵		
Brand name calendar year deductible (per member)	\$150	\$200
Prescription drugs (up to a 30-day supply) ⁷	\$15/\$30/\$50	\$15/\$30/\$50

Plan footnotes found on pages 34–36.