

**Primex³Health
HMO High \$5 Option (K8)**

**Primex³Health
POS High \$5 Option (K5)**

		<u>In Network</u>	<u>Out of Network</u>
Hospital Inpatient	100%	100%	80% after ded
Hospital Outpatient	100%	100%	80% after ded
Emergency Room	\$50 copay	\$50 copay	\$50 copay
Physician Services	100%	100%	80% after ded
Office Visit	\$5 copay	\$5 copay	80% after ded
Physicals, Well Child	\$5 copay	\$5 copay	80% after ded
Maternity	\$5 copay initial visit	100%	80% after ded
Eye Exams*	\$5 copay; every year Member Savings Discounts - frames & lenses	\$5 copay; every year Member Savings Discounts - frames & lenses	80% after ded; every year Member Savings Discounts - frames & lenses
Dental Preventive Care*	100% (children under 13)	100% (children under 13)	80% (children under 13)
Prescription Drugs - Retail	\$0/\$20/\$30 for 30 days open formulary	\$0/\$20/\$30 for 30 days open formulary	\$0/\$20/\$30 for 30 days open formulary
Rx Mail Order	\$0/\$20/\$30 for 90 days open formulary	\$0/\$20/\$30 for 90 days open formulary	\$0/\$20/\$30 for 90 days open formulary
Home Health Care	100%	100%	80% after ded
Skilled Nursing	100%, 100 day max / calendar year	100%	80% after ded
Phy/Spch/Occupational Therapy	\$5 copay; 40 visit combined max / calendar year	100%	80% after ded
Chiropractic*	\$5 copay, 12 visit max / calendar year	\$5 copay	80% after ded
Durable Medical Equipment	80%, \$5,000 max / calendar year	100%	80% after ded
Inpatient Mental Health	100%, 30 day max / calendar year ^(p)	100% unlimited	80%
Inpatient Substance Abuse	100%, 30 day max / calendar year ^(p)	100% unlimited	80%
Outpatient Mental Health	\$5 copay, 20 visits / calendar year (\$5 if group)	\$5 copay / visits 1-15, \$30 / visits 16 & up, \$5 group	80%
Outpatient Substance Abuse	\$5 copay, 20 visits / calendar year (\$5 if group)	\$5 copay / visits 1-15, \$30 / visits 16 & up, \$5 group	80%
Deductible: Employee/Family	None	None	\$250 / \$500
Maximum Annual Cost: Employee/Family	Copays	Copays	\$1000 / \$2000 + Rx Copays
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited

(p) limits double for partial hospitalization Comparison based on information provided at time of comparison.

This is only a summary of benefits, please consult appropriate schedule of benefits.

* No referral needed for this service