

CHOOSE A PLAN

COPAYMENT PLANS

What copayment plans offer
and how they work



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Choose the plan that's best for *you*



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

Meet the Bishops

Deb and James Bishop are self-employed and have two children: Seth, 4, and Lauren, 14 months.¹ Because the children tend to visit their pediatrician frequently, the Bishops choose the Copayment 25 plan.

Here's how they use their plan over the year:

- **Preventive care:** Deb, James, and Seth get checkups, and Deb sees her gynecologist. There's a \$25 copay for each visit. Lauren's checkup is no charge because it's a well-child visit. There are also no charges for immunizations.
- **Primary care office visits:** Seth and Lauren visit the pediatrician for various colds throughout the year. And James sees his primary care physician for a stomach problem. The family pays a \$25 copay for each primary care visit.
- **Lab and X-ray:** James' physician orders some tests to diagnose his stomach problem. The lab test and X-ray are a \$10 copay each.
- **Prescription drugs:** James' physician prescribes a medication. James pays a \$10 copay for the generic drug.

Since the medical office has doctors' offices, lab, X-ray, and pharmacy under one roof, James simply walks down the hall to get his lab and X-ray done and his prescription filled. Plus, James' doctor orders his lab test, X-ray, and prescription online, so the lab and X-ray offices are ready for James when he walks in. And his prescription is waiting for him at the pharmacy.

¹This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan.

Benefit highlights

	COPAYMENT 25	COPAYMENT 40	COPAYMENT 50
FEATURES			
Individual plan annual deductible (subscriber only)	None		
Family plan annual deductible (individual/family)	None		
Individual plan annual out-of-pocket maximum (subscriber only)	\$2,500	\$3,000	\$3,500
Family plan annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
Lifetime benefit maximum	None		
BENEFITS			
Preventive care			
Immunizations	No charge		
Routine physical exam	\$25 copay	\$40 copay	\$50 copay
Well-child visit (0–23 months)	No charge	\$10 copay	\$15 copay
Well-woman visit	\$25 copay	\$40 copay	\$50 copay
Mammogram	\$10 copay		
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 medication	\$200 copay per day	\$350 copay per day	\$500 copay per day
Maternity Coverage varies. Please consult the plan's <i>Membership Agreement</i> .			
Maternity care	Covered		
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 drugs			
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

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For more information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form* enclosed in this kit. Detailed information about your plan is included in the *Membership Agreement*, which will be mailed to you upon acceptance or upon request.

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