Kaiser Permanente Group Plan 220 Benefit and Payment Chart

220 - Med, Rx, Optical, Chiro, Fit

About this chart

This benefit and payment chart:

- Is a summary of covered services and other benefits. It is not a complete description of your benefits. For coverage criteria, description and limitations of covered Services, and excluded Services, be sure to read *Chapter 1: Important Information, Chapter 3: Benefit Description*, and *Chapter 4: Services Not Covered*.
- Tells you if a covered service or supply is subject to limits or referrals.
- Gives you the page number where you can find the description of your services and other benefits.
- Tells you what your Cost Share is for covered services and supplies.

Note: Special limits may apply to services or other benefits listed in this benefit and payment chart. Please read the benefit description found on the page referenced by this chart.

You may only pay a single Cost Share for covered benefits you receive in the Total Care Service settings. If your care is not received in a Total Care setting, you pay the Cost Share for each medical service or item in accord with its relevant benefit section.

If a benefit in the Benefit and Payment Chart is not listed, or is listed as "Not covered", the descriptions related to that benefit in Chapters 1, 3, and 4 are not applicable.

Remember, services and other benefits are available only for care you receive when provided, prescribed, or directed by your KP Hawaii Care Team except for care for Emergency Services and out-of-state Urgent Care. To find a Medical Office near you visit our website at **www.kp.org**. For more information on these services see *Chapter 3: Benefit Description*. You are encouraged to choose a Personal Care Physician (PCP). You may choose any PCP that is available to accept you. Parents may choose a pediatrician as the PCP for their child.

You do not need a referral or prior authorization to obstetrical or gynecological care from a health care professional who specializes in obstetrics or gynecology. Your Physician, however, may have to get prior authorization for certain Services. Additionally, in accord with state law, you do not need a referral or prior authorization to obtain access to physical therapy from a physical therapist or Physician who specialized in physical therapy.

Members age 65 and over (excluding Tax Equity and Fiscal Responsibility Act of 1982 "TEFRA" members) must meet the required eligibility requirements to receive the benefit of either 1) those listed in this *Benefit Summary*, or 2) benefits covered under Original Medicare. See *Chapter 9: Coordination of Benefits*. Senior Advantage Members, please refer to your Senior Advantage Evidence of Coverage.

Description	Cost Share
Annual Copayment Maximum	
Member	\$2,500 per calendar year
Family Unit (3 or more members)	\$7,500 per calendar year
Annual Deductible	Trioto per caremaar year
Member	None
	None
Family Unit	None
Routine and Preventive	
Health Education and Disease Management	
Medical Office Visits	A
●Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
•Tobacco Cessation and Counseling Sessions	None
Health education publications	None
•Healthy Living Classes	Applicable class fees
Immunizations (endorsed by the Centers for	None
Disease Control and Prevention (CDC))	N.
•Office visit for (CDC) Immunizations	None
Office visit for Travel Immunization	0 45
●Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
Medical Office Visits	N
•Well-Child Care	None
•Annual Preventive Care (physical exam)	None
Hearing Exam (for correction)	045
●Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
•Vision Exam (for glasses)	0.5
●Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
Preventive Screenings and Care	None
Total Health Assessment (www.kp.org)	None
Special Services for Women	
Preventive Care	
 Annual Gynecological Exam 	None
Mammography (screening)	None
Pap Smears (cervical cancer screening)	None
Family Planning Visits	
●Primary Care	\$15 per visit
Specialty Care	\$15 per visit
Infertility Consultation	
●Primary Care	\$15 per visit
Specialty Care	\$15 per visit
In Vitro Fertilization	20% of applicable charges
Maternity	
•Maternity Care–routine prenatal visits in Medical	None
Office	
Maternity Care—delivery	None

Description	Cost Share
Maternity Care—one postpartum visit in Medical	None
Office	
Maternity and Newborn Inpatient Stay	None
●Breast Pump	None
Pregnancy Termination	
Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
Total Care Settings	Included in Total Care Services
Voluntary Sterilization (including tubal ligation)	
Medical Office	None
●Total Care Settings	Included in Total Care Settings
Special Services for Men	
Vasectomy	
Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
•Total Care Settings	Included in Total Care Settings
Online Care	
My Health Manager (www.kp.org)	None
Medical Office Visits	
Medical Office Visits	
●Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
 Routine pre-surgical and post-surgical 	None
Office visits for children through age 17	
 Primary care 	None
 Specialty care 	\$15 per visit
Urgent Care Visits	
Within Service Area (Primary Care)	\$15 per visit
Outside Service Area	20% of Applicable Charges
Dependent Child Outside of Service Area	
 Routine Primary Care 	\$20 per visit
 Basic laboratory and general imaging 	\$10 per visit
Testing	20% of applicable charges
 Immunizations 	None
 Contraceptive drugs and devices 	None
Self-administered drug prescriptions	20% of applicable charges
House Calls	
Primary Care	\$15 per visit
Specialty Care	\$15 per visit \$15 per visit
Telehealth	Cost Share, if applicable, will vary
reienearri	depending on service.
	acpending on service.

Description	Cost Share
	Cost Sildic
Laboratory, Imaging, and Testing Laboratory	
Basic	\$15 per day
•Specialty	20% of applicable charges
Imaging	2070 of applicable charges
•Basic	\$15 per day
•Specialty	20% of applicable charges
Testing	
Allergy Testing	
Primary Care	\$15 per visit
Specialty Care	\$15 per visit
Skilled-Administered Drugs	20% of applicable charges
●Diagnostic Testing	20% of applicable charges
Surgery	
Outpatient Surgery and Procedures	
●Primary Care	\$15 per visit
Specialty Care	\$15 per visit
●Total Care Settings	Included in Total Care Services
Reconstructive Surgery	
Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
Covered Mastectomy	20% of applicable charges
•Total Care Settings	Included in Total Care Services
Total Care Services	
You may only pay a single Cost Share for covered	
benefits you receive in the following Total Care Service	
settings:	200/ - (- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
Inpatient Hospital Services	20% of applicable charges
Outpatient Surgery and Procedures in a Hospital- Based Setting or Ambulatory Surgery Center (ASC)	20% of applicable charges
Emergency Services	20% of applicable charges in area,
Lineigency Services	20% of applicable charges out of area.
Observation	None
Skilled Nursing Facility	20% of applicable charges up to 120 days per
Similar italising rading	calendar year
Dialysis	
Dialysis	20% of applicable charges
 Equipment, Training and Medical Supplies 	None
for home Dialysis	
Radiation Therapy	20% of applicable charges
Ambulance	
	000/ 6 11 11 1
Air Ambulance	20% of applicable charges
Air Ambulance Ground Ambulance	20% of applicable charges 20% of applicable charges
Ground Ambulance	
Ground Ambulance Physical, Occupational, and Speech Therapy	

Description	Cost Share
•Total Care Settings	Included in Total Care Services
• Total Care Settings	Illicitided III Total Care Services
Speech Therapy	
Primary Care	\$15 per visit
Home Health Care	None
Total Care Settings	Included in Total Care Services
Home Health Care and Hospice Care	
Home Health Care	None
Hospice Care	None
Physician Visits	The state of the s
Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
Chemotherapy	Y S P S S S S
•Primary Care	\$15 per visit
Specialty Care	\$15 per visit
Total Care Settings	Included in Total Care Services
	meladed in Total Care Services
Internal, External Prosthetics Devices and	
Braces	
Implanted Internal Prosthetics, Devices and Aids • Medical Office	None
	Included in Total Care Services
•Total Care Settings External Prosthetics Devices	included in Total Care Services
	200/ of annicable aboves
Outpatient Total Caro Settings	20% of applicable charges Included in Total Care Services
•Total Care Settings Braces	ilicidded iii Total Care Services
Outpatient	20% of applicable charges
Total Care Settings	Included in Total Care Services
	included in Total Care Services
Durable Medical equipment	
Durable Medical equipment	200/ of and inchination
Outpatient Tatal Care Settings	20% of applicable charges
•Total Care Settings	Included in Total Care Services
Oxygen (for use with DME)	200/ of annicable aboves
OutpatientTotal Care Settings	20% of applicable charges Included in Total Care Services
Repair or Replacement	included in Total Cale Services
Outpatient	20% of applicable charges
Total Care Settings	Included in Total Care Services
Diabetes Equipment	50% of Applicable Charges
Home Phototherapy equipment	None
	TVOICE
Behavioral Health–Mental Health and Substance Abuse	
Mental Health Care	
	\$15 nor visit
Medical Office Total Care Settings	\$15 per visit
•Total Care Settings	Included in Total Care Services
Chemical Dependency Care • Medical Office	\$15 nor visit
Total Care Settings	\$15 per visit Included in Total Care Services
Total Care Settings	menueu III Total Cale Jervices

## Autism Care Primary Care \$15 per visit	Description	Cost Share
Primary Care Specialty Care S15 per visit Transplants Transplant Care for Transplant Recipients Primary Care Specialty Care S15 per visit Specialty Care S15 per visit Included in Total Care Services Transplant Care for Transplant Donors (based on health plan approval) Primary Care Specialty Care Total Care Settings Sepecialty Care Total Care Settings Included in Total Care Services Included in Total Care Services Primary Care S15 per visit Total Care Settings Included in Total Care Services Prescription Drugs See prescription drugs in this Benefit Summary Transplant Evaluations Primary Care S15 per visit Prescription Drug Skilled Administered Drugs If your employer has purchased a drug rider, coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy—Oral Drugs S(Self-Administered Drugs) Ochemotherapy—Oral Drugs S(Self-Administered Drugs) Self-Administered Drugs Drug Therapy Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products None (up to 30-day supply) Drug Therapy Care Strough Hormone Therapy Primary Care Specialty Care Stile Primary Care Specialty Care Spe		
Transplants Transplant Care for Transplant Recipients Primary Care Specialty Care Transplant Care for Transplant Recipients Primary Care Specialty Care Transplant Care Settings Included in Total Care Services Transplant Care for Transplant Donors (based on health plan approval) Primary Care Specialty Care Total Care Settings Included in Total Care Services Primary Care Total Care Settings Included in Total Care Services Related Prescription Drugs See prescription drugs in this Benefit Summary Transplant Evaluations Primary Care Specialty Care Specialt		\$15 per visit
Primary Care Specialty Care Specialty Care Transplant Care for Transplant Donors (based on health plan approval) Primary Care Specialty Care		•
Primary Care Specialty Care Specialty Care Transplant Care for Transplant Donors (based on health plan approval) Primary Care Specialty Care	Transplants	
Primary Care Specialty Care Total Care Settings Transplant Care for Transplant Donors (based on health plan approval) Primary Care Specialty Care Specialty Care Specialty Care Specialty Care Transplant Care for Transplant Donors (based on health plan approval) Primary Care Specialty Care Specialty Care Total Care Settings Included in Total Care Services Related Prescription Drugs See prescription drugs in this Benefit Summary Transplant Evaluations Primary Care Specialty Care Spe	•	
Specialty Care Transplant Care For Transplant Donors (based on health plan approval) Primary Care Specialty Care Specialty Care Specialty Care Total Care Settings See prescription Drugs See prescription drugs in this Benefit Summary Transplant Evaluations Primary Care Specialty Care Spec		\$15 per visit
Transplant Care for Transplant Donors (based on health plan approval) Primary Care Specialty Care Total Care Settings Related Prescription Drugs Specialty Care Specialty Care Specialty Care Transplant Evaluations Primary Care Specialty Care Spec	,	•
health plan approval) Primary Care Specialty Care Specialty Care Total Care Settings Related Prescription Drugs Primary Care Specialty Care Related Prescription Drugs Specialty Care Primary Care Specialty Care Specialty Care Specialty Care Specialty Care Specialty Care Skilled Administered Drugs Skilled Administered Drugs Skilled Administered Drugs Self-Administered Drugs Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy—Oral Drugs Specialty Care S	•	·
Primary Care Specialty Care Total Care Settings Related Prescription Drugs Primary Care Specialty Care Stransplant Evaluations Primary Care Specialty Care Specialty Care Specialty Care Specialty Care Specialty Care Specialty Care Stilled Administered Drugs Self-Administered Drugs Self-Administered Drugs Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Self-Administered Drugs Specialty Care Specialty Care Supplicable charges (included in Total Care Services) If your employer has purchased a drug rider, coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Infusion or Injections (Skilled Administered Drugs) Specialty Care Spec	Transplant Care for Transplant Donors (based on	
• Specialty Care • Total Care Settings	health plan approval)	
■Total Care Settings ■Related Prescription Drugs See prescription drugs in this Benefit Summary Transplant Evaluations ■Primary Care ■Specialty Care Specialty Care Skilled Administered Drugs Skilled Administered Drugs Skilled Administered Drugs Self-Administered Drugs ■Chemotherapy Drugs ■Chemotherapy Infusion or Injections (Skilled Administered Drugs) ■Chemotherapy-Oral Drugs ②0% of applicable charges, (included in Total Care Services) If your employer has purchased a drug rider, coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Drugs ■Chemotherapy Infusion or Injections (Skilled Administered Drugs) ■Chemotherapy-Oral Drugs (Self-Administered Drugs) ■Chemotherapy-Oral Drugs (Self-Administered Drugs) Diabetic Supplies Diabetic Supplies Diabetic Supplies Diabetic Supplies Diabetic Supplies Diabetic Supplies Solf-Administered Drugs and Products Drug Therapy Care Growth Hormone Therapy ■Primary Care ■Specialty Care Specialty Care ■Specialt	Primary Care	\$15 per visit
•Related Prescription Drugs Fransplant Evaluations •Primary Care •Specialty Care •Specialty Care •Specialty Care •Specialty Care Stilled Administered Drugs •Chemotherapy Drugs •Chemotherapy Infusion or Injections (Skilled Administered Drugs) •Chemotherapy Oral Drugs •Chemotherapy—Oral Drugs •Chemotherapy—Oral Drugs •Chemotherapy—Oral Drugs •Chemotherapy—Oral Drugs •Chemotherapy—Oral Drugs •Chemotherapy—Oral Drugs •Self-Administered Drugs) •Chemotherapy—Oral Drugs •Solf-Administered Drugs) •Chemotherapy—Oral Drugs •Solf-Administered Drugs •Solf-Administered Drugs •Frimary—Oral Drugs—Oral Drugs •Frimary—Oral Drugs—Oral Drugs—Or	•Specialty Care	\$15 per visit
Primary Care ◆Specialty Care ◆Specialty Care ◆Specialty Care ◆Specialty Care ◆Specialty Care S15 per visit Prescription Drug Skilled Administered Drugs Self-Administered Drugs Chemotherapy Drugs ◆Chemotherapy Infusion or Injections (Skilled Administered Drugs) ◆Chemotherapy-Oral Drugs ◆Self-Administered Drugs) **Ow of applicable charges, or as specified in applicable drug rider Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products **Diabetic Supplies Tobacco Cessation Drugs and Products **Drug Therapy Care** Growth Hormone Therapy ◆Primary Care •Specialty Care •Specialty Care •Specialty Care •Specialty Care •Stilled-Administered Drug •Total Care Settings Home IV/Infusion therapy •Therapy and IV drugs •Self-Administered Injections See prescription drugs in this **Benefit Summary**	Total Care Settings	Included in Total Care Services
Primary Care Specialty Care Skilled Administered Drugs Skilled Administered Drugs Self-Administered Drugs Self-Administered Drugs Other of applicable charges, (included in Total Care Services) Self-Administered Drugs Other of applicable charges Specialty Care Specialty C	•Related Prescription Drugs	See prescription drugs in this Benefit Summary
Prescription Drug Skilled Administered Drugs Self-Administered Drugs Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy—Oral Drugs (Self-Administered Drugs) Chemotherapy—Oral Drugs (Self-Administered Drugs) Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy Primary Care Specialty Care Specialty Care Skilled-Administered Drug Total Care Settings Home IV/Infusion therapy Therapy and IV drugs Self-Administered Injections Solf-Administered Injections Solf-Administered Injections Solf-Administered Injections Solf-Administered Injections Solf-Administered Injections	Transplant Evaluations	
Skilled Administered Drugs Self-Administered Drugs Self-Administered Drugs Self-Administered Drugs If your employer has purchased a drug rider, coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy—Oral Drugs Celemotherapy—Oral Drugs Self-Administered Drugs) Contraceptive Drugs and Devices Diabetic Supplies Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy Primary Care Specialty Care Specialty Care Specialty Care Specialty Care Skilled-Administered Drug Total Care Settings Formal IV/Infusion therapy Therapy and IV drugs See prescription drugs in this Benefit Summary	●Primary Care	\$15 per visit
Skilled Administered Drugs Self-Administered Drugs If your employer has purchased a drug rider, coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Drugs • Chemotherapy Infusion or Injections (Skilled Administered Drugs) • Chemotherapy—Oral Drugs (Self-Administered Drugs) • Chemotherapy—Oral Drugs (Self-Administered Drugs) • Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy • Primary Care • Specialty Care • Specialty Care • Skilled-Administered Drug • Total Care Settings Home IV/Infusion therapy • Therapy and IV drugs • Self-Administered Injections See prescription drugs in this Benefit Summary	•Specialty Care	\$15 per visit
(included in Total Care Services) Self-Administered Drugs If your employer has purchased a drug rider, coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Drugs • Chemotherapy Infusion or Injections (Skilled Administered Drugs) • Chemotherapy—Oral Drugs (Self-Administered Drugs) • Chemotherapy—Oral Drugs (Self-Administered Drugs) Contraceptive Drugs and Devices 50% of applicable charges, or as specified in applicable drug rider Contraceptive Drugs and Devices 50% of Applicable Charges Diabetic Supplies 50% of Applicable Charges Tobacco Cessation Drugs and Products None (up to 30-day supply) Drug Therapy Care Growth Hormone Therapy • Primary Care \$15 per visit • Specialty Care \$15 per visit • Skilled-Administered Drug 20% of applicable charges • Total Care Settings Included in Total Care Services Home IV/Infusion therapy • Therapy and IV drugs • Self-Administered Injections See prescription drugs in this Benefit Summary	Prescription Drug	
Self-Administered Drugs If your employer has purchased a drug rider, coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Drugs • Chemotherapy Infusion or Injections (Skilled Administered Drugs) • Chemotherapy—Oral Drugs (Self-Administered Drugs) • Chemotherapy—Oral Drugs (Self-Administered Drugs) Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy • Primary Care • Specialty Care • Specialty Care • Skilled-Administered Drug • Total Care Settings Home IV/Infusion therapy • Therapy and IV drugs • Self-Administered Injections If your employer has purchased a drug rider coverage will be as specified in your drug rider following this Benefit Summary 20% of applicable charges, or as specified in applicable charges 50% of Applicable Charges None (up to 30-day supply) **Total Care Settings** Included in Total Care Services **None** None • Self-Administered Injections See prescription drugs in this **Benefit Summary**	Skilled Administered Drugs	20% of applicable charges,
coverage will be as specified in your drug rider following this Benefit Summary Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy—Oral Drugs (Self-Administered Drugs) Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy Primary Care Specialty Care Skilled-Administered Drug Skilled-Administered Drug Total Care Settings Coverage will be as specified in your drug rider 20% of applicable charges, or as specified in applicable drug rider 50% of applicable charges 50% of Applicable Charges None (up to 30-day supply) Primary Care Specialty Care Specialty Care Specialty Care Skilled-Administered Drug Total Care Settings Coverage will be as specified in your drug in this Benefit Summary None See prescription drugs in this Benefit Summary		(included in Total Care Services)
Chemotherapy Drugs Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy—Oral Drugs (Self-Administered Drugs) Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy Primary Care Specialty Care Skilled-Administered Drug Skilled-Administered Drug Total Care Settings Contraceptive Drugs and Products One (up to 30-day supply) Contraceptive Drugs and Products Contraceptive Drugs and Products Drug Therapy Care Specialty Care Specialty Care Skilled-Administered Drug Total Care Settings Contraceptive Drugs Drug Therapy and IV drugs See prescription drugs in this Benefit Summary	Self-Administered Drugs	If your employer has purchased a drug rider,
Chemotherapy Drugs		coverage will be as specified in your drug rider
 Chemotherapy Infusion or Injections (Skilled Administered Drugs) Chemotherapy—Oral Drugs Chemotherapy—Oral Drugs Self-Administered Drugs) in applicable charges, or as specified in applicable drug rider Contraceptive Drugs and Devices 50% of applicable charges Diabetic Supplies 50% of Applicable Charges Tobacco Cessation Drugs and Products None (up to 30-day supply) Drug Therapy Care Forwith Hormone Therapy Primary Care Specialty Care Skilled-Administered Drug Total Care Settings Included in Total Care Services Home IV/Infusion therapy Therapy and IV drugs Self-Administered Injections See prescription drugs in this Benefit Summary 		following this Benefit Summary
(Skilled Administered Drugs) •Chemotherapy—Oral Drugs (Self-Administered Drugs) Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy •Primary Care •Specialty Care •Skilled-Administered Drug •Total Care Settings Home IV/Infusion therapy •Self-Administered Injections 20% of applicable charges None (up to 30-day supply) **Supply** **Supply** **Supply** 20% of applicable charges Included in Total Care Services None See prescription drugs in this **Benefit Summary**	Chemotherapy Drugs	
•Chemotherapy—Oral Drugs (Self-Administered Drugs) in applicable drug rider Contraceptive Drugs and Devices 50% of applicable charges Diabetic Supplies 50% of Applicable Charges Tobacco Cessation Drugs and Products None (up to 30-day supply) Drug Therapy Care Growth Hormone Therapy •Primary Care •Specialty Care •Specialty Care •Skilled-Administered Drug •Skilled-Administered Drug •Total Care Settings Included in Total Care Services Home IV/Infusion therapy •Therapy and IV drugs •Self-Administered Injections See prescription drugs in this Benefit Summary		20% of applicable charges
(Self-Administered Drugs) in applicable drug rider Contraceptive Drugs and Devices 50% of applicable charges Diabetic Supplies 50% of Applicable Charges Tobacco Cessation Drugs and Products None (up to 30-day supply) Drug Therapy Care Growth Hormone Therapy Primary Care \$15 per visit Specialty Care \$15 per visit Skilled-Administered Drug 20% of applicable charges Total Care Settings Included in Total Care Services Home IV/Infusion therapy Therapy and IV drugs None Self-Administered Injections See prescription drugs in this Benefit Summary	- /	
Contraceptive Drugs and Devices Diabetic Supplies Tobacco Cessation Drugs and Products Drug Therapy Care Growth Hormone Therapy Primary Care Specialty Care Skilled-Administered Drug Total Care Settings Home IV/Infusion therapy Self-Administered Injections 50% of applicable charges None (up to 30-day supply) \$15 per visit \$15 per visit \$20% of applicable charges Included in Total Care Services None See prescription drugs in this Benefit Summary		
Diabetic Supplies50% of Applicable ChargesTobacco Cessation Drugs and ProductsNone (up to 30-day supply)Drug Therapy CareFrimary Care©Primary Care\$15 per visit©Specialty Care\$15 per visit©Skilled-Administered Drug20% of applicable charges©Total Care SettingsIncluded in Total Care ServicesHome IV/Infusion therapyNone©Therapy and IV drugsNoneSelf-Administered InjectionsSee prescription drugs in this Benefit Summary		
Tobacco Cessation Drugs and Products None (up to 30-day supply) Drug Therapy Care Growth Hormone Therapy Primary Care Specialty Care Specialty Care Skilled-Administered Drug Total Care Settings Home IV/Infusion therapy Therapy and IV drugs Self-Administered Injections None Self-Administered Injections		, · ·
Drug Therapy Care Growth Hormone Therapy Primary Care Specialty Care Skilled-Administered Drug Total Care Settings Home IV/Infusion therapy Therapy and IV drugs Self-Administered Injections See prescription drugs in this Benefit Summary		9
Growth Hormone Therapy●Primary Care\$15 per visit●Specialty Care\$15 per visit●Skilled-Administered Drug20% of applicable charges●Total Care SettingsIncluded in Total Care ServicesHome IV/Infusion therapy●Therapy and IV drugsNone●Self-Administered InjectionsSee prescription drugs in this Benefit Summary	Tobacco Cessation Drugs and Products	None (up to 30-day supply)
 Primary Care Specialty Care Skilled-Administered Drug Total Care Settings Home IV/Infusion therapy Therapy and IV drugs Self-Administered Injections \$15 per visit 20% of applicable charges Included in Total Care Services None See prescription drugs in this Benefit Summary 	Drug Therapy Care	
 Specialty Care Skilled-Administered Drug Total Care Settings Home IV/Infusion therapy Therapy and IV drugs Self-Administered Injections \$15 per visit Included in Total Care Services None See prescription drugs in this Benefit Summary 	Growth Hormone Therapy	
•Skilled-Administered Drug •Total Care Settings Home IV/Infusion therapy •Therapy and IV drugs •Self-Administered Injections Power of applicable charges Included in Total Care Services None None See prescription drugs in this Benefit Summary	●Primary Care	\$15 per visit
•Total Care Settings Included in Total Care Services Home IV/Infusion therapy •Therapy and IV drugs None •Self-Administered Injections See prescription drugs in this Benefit Summary	Specialty Care	\$15 per visit
Home IV/Infusion therapy •Therapy and IV drugs •Self-Administered Injections None See prescription drugs in this Benefit Summary	Skilled-Administered Drug	20% of applicable charges
•Therapy and IV drugs None •Self-Administered Injections See prescription drugs in this <i>Benefit Summary</i>	●Total Care Settings	Included in Total Care Services
•Self-Administered Injections See prescription drugs in this <i>Benefit Summary</i>	Home IV/Infusion therapy	
· · · · —·		See prescription drugs in this Benefit Summary
• •	Inhalation Therapy	
•Primary Care \$15 per visit	•	·
•Specialty Care \$15 per visit		·
●Total Care Settings Included in Total Care Services	●Total Care Settings	Included in Total Care Services
Miscellaneous Medical Treatments	Miscellaneous Medical Treatments	

Blood and Blood Products

•Medical Office None

Description	Cost Share
•Rh Immune Globulin	20% of applicable charges
 ◆Total Care Settings 	Included in Total Care Services
Dental Procedures for Children	
●Primary Care	\$15 per visit
Specialty Care	\$15 per visit
●Total Care Settings	Included in Total Care Services
Hearing Aids	
Hearing Test	
◆Primary Care	\$15 per visit
Specialty Care	\$15 per visit
 Appliances 	60% of applicable charges for lowest priced
	model, per ear, every 36 months
Hyperbaric Oxygen Therapy	
Primary Care	\$15 per visit
Specialty Care	\$15 per visit
 ◆Total Care Settings 	Included in Total Care Services
Materials for Dressings and Casts	Cost Share will vary upon place of service
◆Total Care Settings	Included in Total Care Services
Medical Foods	20% of Applicable Charges
Medical Social Services	None
Orthodontic Care for the Treatment of Orofacial	
Anomalies (from birth)	
Primary Care	\$15 per visit
•Specialty Care	\$15 per visit
Pulmonary Rehabilitation	
Primary Care	\$15 per visit
Specialty Care	\$15 per visit
●Total Care Settings	Included in Total Care Services

Description	Cost Share
Additional services	
Prescribed Drugs, Self-Administered	
	4-Tier Prescription drug
	3/10/45/200 with WellRx
Generic Maintenance Drugs: \$3 per prescription	
Other Generic Drugs: \$10 per prescription	
Brand-Name Drugs: \$45 per prescription	
Specialty drugs: \$200	
Prescription drug	Two drug copayments
mail-order incentive	for a 90-consecutive-day supply
Optical \$150	Allowance for glasses or contacts: All costs
	greater than \$150 allowance per Accumulation
	Period
Dental services	Not included
Complementary Alternative Medicine	
Chiropractic services (up to 20 visits per calendar	\$20 per visit
year)	
Fit Rewards (per calendar year)	\$200 gym membership or
	\$10 home fitness program