

Medical Benefits – VIP Option Plans

HMO-POS Plans	Option 1		Option 3	
Monthly Premium	\$204		\$24	
Prescription Drug Coverage	YES		YES	
Maximum Out-of-Pocket Limit (Financial Protection for you)	\$5,500		\$6,700	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor's Office Visits				
Primary Care Physician	\$15	\$40	\$20	20%
Specialist	\$25	\$40	\$40	20%
Preventive & Wellness Services (See pg 8)				
Annual Physical	\$0	\$0	\$0	\$0
Screenings and Immunizations	\$0	\$0	\$0	\$0
Fitness Program ♥	YES	NO	YES	NO
Vision & Hearing				
Annual Eye Exam ♥♥	\$25	\$40	\$40	20%
Annual Hearing Exam	\$25	\$40	\$40	20%
Worldwide Emergency & Nationwide Urgent Care				
Emergency Care	\$65	\$65	\$65	\$65
Urgent Care	\$25	\$25	\$40	\$40
Ambulance	\$175	\$175	\$200	\$200
Other Outpatient Services & Supplies				
Lab Services	\$0	20%	\$20	20%
Diagnostic Procedures & Tests	\$25	20%	\$40	20%
X-Rays	\$35	20%	\$40	20%
Diabetic Supplies ♥♥♥	20%	Not Covered	20%	Not Covered
Hospital & Ambulatory Care				
Outpatient Ambulatory Surgical Centers	\$100	20%	\$150	20%
Outpatient Hospital Surgery & Services	\$200	20%	\$250	20%
Inpatient Acute Hospital Care	\$200/day Days 1-7 \$0/day Days 8 and beyond	\$300/day Days 1-7 \$0/day Days 8 and beyond	\$250/day Days 1-7 \$0/day Days 8 and beyond	20%

♥ SilverSneakers® Fitness Program

♥♥ Refractions are not covered

♥♥♥ Diabetic Supplies

Covered diabetic supplies include **Abbott's FreeStyle** and **Precision** glucose meters and testing supplies. These are available at ConnectiCare's many network retail pharmacies and from our convenient home delivery pharmacy.

For more information, refer to the Summary of Benefits.