

## CoverKids Co-pays

	BENEFIT LEVEL		
	1	2	3
<b>Office/Outpatient Services</b>			
<b>Primary Care Visit</b> <ul style="list-style-type: none"> <li>Office visits with family practice, general practice, internal medicine, OB/GYN, pediatrics, and walk in clinics</li> <li>Includes nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider</li> </ul>	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
<b>Specialist Visit and Outpatient Surgery</b> <ul style="list-style-type: none"> <li>Office visits with any specialty provider</li> </ul> Outpatient surgeries including invasive diagnostic services (e.g. colonoscopy) - <b>Single co-pay per date of service</b>	\$20 Co-Pay	\$5 Co-Pay	No Co-Pay
<b>Behavioral Health (Mental Health and Substance Abuse) Services</b> <ul style="list-style-type: none"> <li>Office visits</li> </ul> Outpatient Behavioral health and substance abuse - <b>Single co-pay per date of service</b>	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
<b>Chiropractors</b> <ul style="list-style-type: none"> <li>Only covered for children under age 19</li> </ul>	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
<b>Rehabilitation and Therapy Services</b> <ul style="list-style-type: none"> <li>Including Speech, Physical and Occupational</li> </ul> Limited to 52 visits per therapy type per Calendar Year	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
<b>Pharmacy - Benefits managed by Express Scripts (ESI)</b>			
<b>30 and 90-Day Supply/Specialty Pharmacy Drugs</b>	\$5 generic \$20 preferred brand \$40 non-preferred brand	\$1 generic \$3 preferred brand \$5 non-preferred brand	No Co-Pay

	BENEFIT LEVEL		
	1	2	3
<b>Non-Emergency Care</b>			
<b>Emergency Room Visit deemed as NOT a True Medical Emergency</b> <ul style="list-style-type: none"> <li>Facility (Medical &amp; Behavioral Health [Mental Health and Substance]), including Urgent Care</li> <li>MUST be an In Network Provider. If Out of Network provider, CoverKids will NOT pay.</li> </ul>	\$50 Co-Pay	\$10 Co-Pay	No Co-Pay
<b>Inpatient Stays</b>			
<b>Inpatient Facility (Medical and Behavioral Health [Mental Health and Substance Abuse])</b> <ul style="list-style-type: none"> <li>Co-Pay waived if readmitted within 48 hours of initial visit for same episode of illness or injury</li> <li>Rehabilitation services</li> <li>Mental Health and Substance Abuse Treatment</li> </ul>	\$100 Co-Pay per admission	\$5 Co-Pay per admission	No Co-Pay
<b>Vision Services- These Services are only eligible for children under age 19. When both frames and lenses are ordered at the same time, one Co-Pay is charged</b>			
<b>Prescription Eyeglass Lenses</b> <ul style="list-style-type: none"> <li>Including bifocal or trifocal</li> <li>Limited to one per Plan Year</li> </ul>	\$15 Co-Pay \$85 Max Benefit	\$5 Co-Pay \$85 Max Benefit	No Co-Pay
<b>Prescription Contact Lenses in lieu of Eyeglass Lenses</b> <ul style="list-style-type: none"> <li>Limited to one per Plan Year</li> </ul>	\$15 Co-Pay \$150 Max Benefit	\$5 Co-Pay \$150 Max Benefit	No Co-Pay
<b>Frames</b> <ul style="list-style-type: none"> <li>Limited to every 2 Plan Years</li> </ul>	\$15 Co-Pay \$100 Max Benefit	\$5 Co-Pay \$100 Max Benefit	No Co-Pay
<b>Dental Services- These Services are only eligible for children under age 19.</b>			
<ul style="list-style-type: none"> <li>Office visits</li> </ul>	<ul style="list-style-type: none"> <li>\$15 Co-Pay</li> </ul>	<ul style="list-style-type: none"> <li>\$5 Co-Pay</li> </ul>	<ul style="list-style-type: none"> <li>No Co-Pay</li> </ul>
Annual Benefit Maximum Per Child	<ul style="list-style-type: none"> <li>\$1,000</li> </ul>	<ul style="list-style-type: none"> <li>\$1,000</li> </ul>	<ul style="list-style-type: none"> <li>\$1,000</li> </ul>
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>12-month waiting period*</li> </ul>	<ul style="list-style-type: none"> <li>\$15 Co-Pay</li> </ul>	<ul style="list-style-type: none"> <li>\$5 Co-Pay</li> </ul>	<ul style="list-style-type: none"> <li>No Co-Pay</li> </ul>
Lifetime Maximum Per Child**	<ul style="list-style-type: none"> <li>\$1,250</li> </ul>	<ul style="list-style-type: none"> <li>\$1,250</li> </ul>	<ul style="list-style-type: none"> <li>\$1,250</li> </ul>

\*There is a 12-month waiting period before orthodontic benefits are paid.

\*\* The lifetime orthodontics maximum limit does not apply to the family annual out-of-pocket maximum.

**The following services do NOT require a Co-Pay**

**Preventive Care**

**Office Visits**

- Well-baby, well-child visits
- Annual physical exam
- Annual well-woman exam including ,but not limited to, family planning and pap tests
- Immunizations
- Annual hearing and vision screening
- Screenings including colonoscopy, colorectal, labs, nutritional guidance, Sexually Transmitted Disease (STD), cancer and other screenings

**Office/Outpatient Services**

**X-Ray, Lab and Diagnostics**

- Including reading, interpretation of results, dialysis, radiation, cobalt, and radioisotope therapy

Including MRIs, cat scans and nuclear medicine

**Allergy Testing and Allergy Injections**

**Chemotherapy and radiation therapy**

**Emergency Care**

**Emergency Room Visit Deemed as an Emergency**

- Medical and Behavioral Health (Mental Health and Substance Abuse)

**Services Received at an Inpatient Facility**

**Physician Charges (Medical and Behavioral Health [Mental Health and Substance Abuse])**

**Skilled Nursing Facility**

- Limited to 100 days per Calendar Year following approved hospitalization

**Maternity Services**

**Maternity Related Facility and Provider**

- Maternity Visits (prenatal and postpartum care)
- Hospital admission for delivery

**Other Services**

**Durable Medical Equipment (DME)**

- Including prosthetics/orthotics

Hearing aids are limited to 1 per ear per Calendar Year up to the age 5; then 1 per ear every 2 years thereafter

**Supplies (31 day supply)**

**The following services do NOT require a Co-Pay**

**Ambulance - Land and Air**

- Emergency to the nearest facility
- From the scene of an accident to the nearest facility

Facility to facility when medically appropriate

**Home Health**

Home Nursing Care limited to 125 visits per Calendar Year

**Home Infusion Therapy**

**Hospice**

Co-Pay waived for all services if member is under hospice care

**Diabetic Self-Management Training and Education**

**Vision Services - These Services are only eligible for Children under 19.**

**Annual Vision Exam**

- Including refractive exam and annual glaucoma testing

Must go to an In-Network provider

**Dental Services – These Services are only eligible for Children under 19.**

**Office visits:**

- Routine preventive oral exam
- X-rays
- Cleanings and fluoride application