



## CompreHealth HMO+ 30/50-1000 G

HealthPass	CompreHealth HMO+ 30/50-1000 G
Benefit	In-Network
<b>Drug Card</b>	\$15 Generic Only
<b>Major Medical</b>	
Deductible Ind/Fam	N/A
Co-Insurance	N/A
Out-of-Pocket	N/A
Office Co-pay	\$30/\$0 dep child
DXL/Lab Fees	\$0 copay
Specialist Co-pay	\$50/\$0 dep child
Lifetime Maximum	Unlimited
<b>Hospital Benefits</b>	
Hospital In-Patient	\$1,000/admis
Hospital Out-Patient	\$75 copay
Emergency Room	\$150 copay (waived if admit)
Private Nursing	Not covered
<b>Surgical Benefits</b>	
Surgical In-Patient	\$1,000/admis
Surgical Out-Patient	\$75 copay
<b>Mental Health</b>	
Mental Nervous In-Patient	\$1,000/admis 30 days/cal yr Unlimited bio-based
Substance Abuse In-Patient	\$1,000/admis Rehab- Not covered Detox- 7 days/cal yr
Mental Nervous Out-Patient	\$50 copay/\$0 dep child 20 visits/cal yr Unlimited bio-based
Substance Abuse Out-Patient	\$25 copay/\$0 dep child 60 visits/cal yr
<b>Other</b>	
Well Care(Up to 19)	\$0 copay
Routine Adult Care	\$0 copay
Chiropractic Care	\$50 copay/\$0 dep child
Home Health Care	\$0 copay; 40 visits/cal yr
Non-Authorization	Refer to carrier
Therapy Services In-Patient	\$1,000/admis 30 days/cal yr
Therapy Services Out-Patient	\$50 copay/\$0 dep child 30 visits/cal yr
Durable Medical Equipment	\$500 ded/cal yr
Optical (1 exam every 24 months) (Eyeglasses)	\$50 copay \$45 a pair

CompreHealth HMO - Gated  
1.31.12