



## CompreHealth HMO+ 30/50-1000

HealthPass

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### Benefit

### In-Network

#### Drug Card

Prescription Card 15/35/75/Yes/100

#### Major Medical

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

#### Hospital Benefits

Hospital In-Patient \$1,000/admis  
 Hospital Out-Patient \$75 copay  
 Emergency Room \$150 copay (wavier if admit)  
 Private Nursing Not covered

#### Surgical Benefits

Surgical In-Patient \$1,000/admis  
 Surgical Out-Patient \$75 copay

#### Mental Health

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

#### Other

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) \$50 copay  
 (Eyeglasses) \$45 a pair

CompreHealth HMO - Gated  
 1.31.11