



Schedule of Copayments PLAN 500 C - 3

The following is a summary of the Copayment amounts, which You and any Dependents must pay when receiving the services listed below. These services must be performed, prescribed, directed, or authorized by your Primary Care Physician. PLEASE REFER TO THE SCHEDULE OF BENEFITS, LIMITATIONS AND EXCLUSIONS FOR A DETAILED EXPLANATION.

<p>Physician Services Primary Care and Specialist Office Visits includes Evaluation and Management visits and Consultations</p> <p>Physician Home Visits</p>	<p>\$30PCP/\$40SP Copay per office visit</p> <p>\$30PCP/\$40SP Copay per visit</p>
<p>Immunizations (if only service performed)</p>	<p>Covered in full</p>
<p>Injectable Medications administered in office</p>	<p>Covered in full</p>
<p>Laboratory and Radiology Services (except services related to infertility)</p> <p>Infertility Laboratory and Radiology Services</p>	<p>Covered in full</p> <p>50% Copay</p>
<p>Allergy Services Office Visits, including Testing and Injections</p> <p>Serum</p>	<p>\$30PCP/\$40SP Copay per office visit</p> <p>50% Copay</p>
<p>Maternity Services Physician Office Visits</p> <p>Inpatient Services</p>	<p>\$30PCP/\$40SP Copay per pregnancy</p> <p>\$1,500 Copay per admission</p>
<p>Family Planning Services Counseling</p> <p>Infertility Testing and Treatment</p> <p>Subdermal Contraceptive Implants</p> <p>Sterilization</p>	<p>\$30PCP/\$40SP Copay per office visit</p> <p>50% Copay per visit</p> <p>\$300 Copay for insertion, \$40 copay for removal, premature removal for the purpose of conception is not covered.</p> <p>\$30PCP/\$40SP Copay per office visit \$500 outpatient surgery copay</p>



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<p>Mental Health Services Outpatient Services</p> <p>Inpatient Services</p>	<p>\$25 Copay per visit limited to 20 visits per contract year.</p> <p>\$1,500 Copay per admission limited to 15 days per contract year.</p>
<p>Serious Mental Illness Health Services Outpatient</p> <p>Inpatient</p>	<p>\$25 Copay per admission limited to sixty (60) visits per contract year.</p> <p>\$1,500 Copay per admission limited to forty-five (45) days per contract year.</p>
<p>Chemical Dependency Services Outpatient</p> <p>Inpatient</p>	<p>\$25 Copay per visit for outpatient services</p> <p>\$1,500 Copay per admission for inpatient services.</p> <p>Limited to three (3) series of treatments per lifetime.</p>
<p>Hospital Services* Hospital Inpatient admissions including Chemical Dependency or Mental Health Treatment Center, Maternity and Rehabilitation Facility</p>	<p>\$1,500 Copay per admission</p>
<p>Skilled Nursing Facility</p>	<p>\$1,500 Copay per admission.</p> <p>Skilled Nursing Facility is limited to 100 days per contract year.</p>
<p>Outpatient Procedures When performed at Plan Provider's Outpatient Surgical Facilities, Outpatient Department of Hospital, or Free Standing Outpatient Surgical Facility</p>	<p>\$500 Copay</p>
<p>Rehabilitation Services</p>	<p>\$35 Copay per visit</p>



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Emergency Services Emergency Room Facility Free-standing Emergency Center Ambulance Services	\$150 Copay per Hospital emergency room visit (copay is waived if member is admitted as inpatient within 24 hours) \$25 Copay per visit \$25 Copay per ambulance trip
Prosthetics/Orthotics External Internal	20% of Health Plan Profile Copay per initial prosthetic/orthotic (coverage is for initial prosthetics and orthotics only, replacements are not covered unless required due to skeletal growth.) Covered in full
Hearing Aids	Coverage limited to a maximum of \$500 per ear once every 36 months.
Cochlear Implants	50% Copay for all charges associated with this procedure.
Reduction Mammoplasty	50% Copay for all charges associated with this procedure when medically necessary.
Hospice	Covered in full
DME (Durable Medical Equipment)	Not covered (rider available)
Prescription Drugs	Not covered (rider available)
Diabetes Services Primary Care and Specialist office visits Equipment and Supplies Insulin	\$30PCP/\$40SP Copay per office visit 20% of Health Plan Profile Copay for eligible expenses \$10 Copay for 30 day supply
Home Health Services	\$25 Copay per visit
Pain Management Services	20% of Health Plan Profile Copay per visit

*Maximum admission Copayments per contract year are \$3,000 for single contracts and \$6,000 for family contracts.

** Health Plan Profile is the fee schedule established by Valley Baptist Health Plan.