



Wayne County/Oakland County

Benefits at a Glance for HealthChoice Small Business Program

Co-pay Package

This is intended as an easy-to-read summary. It is not a contract. An official description of benefits is contained in applicable HealthChoice Subscriber certificates and riders. Payment amounts are based on the HealthChoice approved amount, less any applicable co-pay amounts required by the program. This coverage is provided pursuant to a current, signed group-operating agreement between the group and the HealthChoice Executive Director. Services must be provided by member's primary care physician (PCP) or receive prior approval from health plan.

HEALTHCHOICE BENEFITS AT A GLANCE

Preventive Services

Preventive Physical Exam	Covered – No co-pay for Preventive Health Exam (1 preventive health exam is provided per calendar year for adults; and as required by federal preventive care guidelines for children), Non-preventive office visits are subject to \$20.00 co-pay
Annual Gynecological Exam	Covered
Annual Pap Smear Screening	Covered
Annual Mammography Screening	Covered
Well Baby and Child Care	Covered
ACIP Required/Recommended Immunizations – pediatric and adult	Covered
Prostate Specific Antigen (PSA) screening	Covered
Hearing Screening	Covered

Physician Office Visits

Office Visits	Covered - \$20.00 co-pay
Specialist Visits	Covered - \$30.00 co-pay

Prescription Drugs

Generic Drugs	Covered - \$10.00 co-pay per prescription
Brand Name Drugs	Covered - \$20.00 co-pay per prescription
Psychotherapeutics	Covered – 50% of each prescription drug

Emergency Care

Hospital Emergency Visit	Covered –\$100.00 co-pay if not admitted; No co-pay if admitted. Provider is only responsible for reimbursement rate negotiated with in-network providers for emergency services. Members are liable for any and all charges that exceed this amount.
Urgent Care Center (24 hour access)	Covered - \$25.00 co-pay per visit
Ambulance Services – medically necessary	Covered - \$200.00 co-pay

Mental Health and Substance Abuse Services

Inpatient Mental Health and/or Substance Abuse Services*	Covered - \$200.00 co-pay per admission. Subject to limitations indicated in the Subscriber's Certificate
Outpatient Mental Health and Substance Abuse /Professional Services	Covered - \$20.00 co-pay

***- Requires Prior Authorization**

Diagnostic and Therapeutic Services

Radiology	Covered – No co-pay
Diagnostic Laboratory	Covered – No co-pay
Physical Therapy	Covered - \$20.00 co-pay (30 visits/year limit)
Durable Medical Equipment	Covered – 50% per prescribed equipment

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered - \$20.00 co-pay
Delivery and Nursery Care	Covered –\$200.00 co-pay per admission

Hospital Care

Inpatient physician care, general nursing care, Hospital Services and Supplies	Covered – \$200.00 co-pay per admission. Subject to limitations indicated in the Subscriber's Certificate
Outpatient Hospital Services	Covered - \$50.00 co-pay

Alternatives to Hospital Care

Home Health Care	Covered - \$20.00 per visit
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Surgical Services

Surgery – includes all related services and anesthesia. See member certificate for specifics	Covered – (see hospital care co-pay above)
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Other Rider Services

Vision Exam & Glasses	Covered subject to Co-payments and certain exclusions. See subscriber certificate
Dental	Covered subject to co-payments and certain exclusions. See subscriber certificate