

Plan Name	Opal 25 HMO Gold
<b>SERVICES AND FEATURES</b>	
Annual Deductible	Individual \$1,500/ Family \$3,000
Out-of-Pocket Limit On Expenses	Individual \$4,000/ Family \$ 8,000
<b>LIFETIME MAXIMUMS</b>	None
<b>PROFESSIONAL SERVICES</b>	
Preventive Care/Screening/Immunization	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$0 Copay for 1st (3) PCP Visits, Then \$25 Copay (After Deductible)
Specialist Visit	\$25 Copay
Maternity Care - Preconception/Prenatal/Postnatal Care	\$0 Copay
Delivery and all Inpatient Services (Hospital Services)	\$150 copay per day (Up to the first 5 days) (After Deductible)
Delivery and all Inpatient Services (Professional Services)	\$0 Copay
<b>OUTPATIENT SERVICES</b>	
Laboratory Tests & X-Rays	\$0 Copay (After Deductible)
Imaging (CT/PET Scans, MRIs)	\$150 Copay (After Deductible)
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$50 (Chinese Hospital) \$150 (Other Contracted Facilities) (After Deductible)
Physician/Surgeon Fees	\$0 Copay
<b>HOSPITALIZATION SERVICES</b>	
Facility Fee (e.g., Hospital Room)	\$150 Copay/ Day (Chinese Hospital) \$ 450 Copay/ Day (Other Contracted Facilities) (Up to the first 5 days) (After Deductible)
Physician/Surgeon Fees	\$0 Copay
<b>EMERGENCY HEALTH COVERAGE</b>	
Emergency Room Services	\$100 Copay (After Deductible)
Professional Services	\$0 Copay
Urgent Care Center	\$25 Copay (After Deductible)
<b>PRESCRIPTION DRUG COVERAGE</b>	
Annual Rx Deductible	Individual \$250 /Family \$500
Tier 1 Drugs (30-Day Supply)	\$15 Copay
Tier 2 Drugs (30-Day Supply)	\$50 Copay(After Deductible)
Tier 3 Drugs (30-Day Supply)	\$70 Copay(After Deductible)
Tier 4 Drugs (30-Day Supply)	20% Coinsurance Up to \$250 Per Prescription (After Deductible)
<b>PEDIATRIC VISION AND DENTAL (Included in Plan)</b>	
Child Needs Eye Care (Ages 0-18)	
Eye Exam (1 Per Calendar Year)	\$0 Copay
Eyewear (Frames) (1 Pair Per Calendar Year)	\$0 Copay
Eyewear (Lenses) (1 Pair Per Calendar Year) (Contact Lenses Provided in Lieu of Glasses)	Single Vision / Bi-focal / Tri-focal / Lenticular No Cost Share
Eyewear (Contact Lenses)	\$0 Copay
Pediatric Dental (Ages 0-18)	<b>SEE DELTA DENTAL EOC</b>