

Changes we're making to your current health plan

The difference between your 2021 monthly rate and your current rate is due to:

- Costs associated with the administration and delivery of essential health benefits.
- Changes to your benefit design that include(s):

Benefit Comparison Chart	Ruby 40 HMO Platinum	
Covered Services	2020	2021
DEDUCTIBLES		
Annual Deductible	Medical: \$0 Drug: \$0	Medical: \$0 Drug: \$0
Out-of-Pocket Limit On Expenses	Individual \$3,000 / Family \$ 6,000	Individual \$3,000 / Family \$ 6,000
PROFESSIONAL SERVICES	Member Cost Share	
Visit to a Health Care Provider's Office or Clinic		
Preventive Care/ Screening/ Immunization	\$0 Copay	\$0 Copay
Family Planning (Consultation and Contraceptive Services)	\$0 Copay	\$0 Copay
Prenatal Care and Preconception Visits	\$0 Copay	\$0 Copay
Diabetes Care Management	\$0 Copay	\$0 Copay
Diabetes Education	\$0 Copay	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$40 Copay	\$40 Copay
Specialist Visit	\$40 Copay	\$40 Copay
Acupuncture	\$40 Copay	\$40 Copay
Allergy Visit (Testing and Treatment)	\$40 Copay	\$40 Copay
Other Practitioner Office Visit	\$40 Copay	\$40 Copay
Outpatient Services	Member Cost Share	
Tests		
Laboratory Tests	\$10 Copay	\$10 Copay
X-Rays	\$10 Copay	\$10 Copay
Imaging (CT/PET scans, MRIs)	\$150 Copay	\$150 Copay
Outpatient Surgery		
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$150 (Chinese Hospital) / \$450 (Other Facilities)	\$150 (Chinese Hospital) / \$450 (Other Facilities)
Physician/Surgeon Fees	\$0 Copay	\$0 Copay
Outpatient Visit	\$0 Copay	\$0 Copay
Hospitalization Services		
Facility Fee (e.g., Hospital Room)	\$250 Copay / Day (Chinese Hospital) \$750 Copay / Day (Other Facilities) (Up to First 5 Days)	\$250 Copay / Day (Chinese Hospital) \$750 Copay / Day (OtherFacilities) (Up to First 5 Days)
Physician/Surgeon Fees	\$0 Copay	\$0 Copay

Benefit Comparison Chart	Ruby 40 HMO Platinum	
Covered Services	2020	2021
Delivery and All Inpatient Services (Hospital Services)	\$250 copay per day (Up to the first 5 days)	\$250 copay per day (Up to the first 5 days)
Delivery and All Inpatient Services (Professional Services)	\$0 Copay	\$0 Copay
Emergency Health Coverage		
Emergency Room Services	\$200 Copay	\$200 Copay
Emergency Room Physician Fee	\$0 Copay	\$0 Copay
Urgent Care	\$40 Copay	\$40 Copay
Ambulance Services		
Medical Transportation (Including Emergency and Non-emergency)	\$100 copay	\$100 copay
Prescription Drug Coverage		
Tier 1:Generic Drugs (30-Day Supply)	\$5 Copay	\$5 Copay
Tier 1:Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$10 Copay	\$10 Copay
Tier 2: Preferred Brand Drugs (30-Day Supply)	\$ 15 Copay	\$ 15 Copay
Tier 2: Preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$ 30 Copay	\$ 30 Copay
Tier 3: Non-preferred Brand Drugs (30-Day Supply)	\$25 Copay	\$25 Copay
Tier 3: Non-preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$50 Copay	\$50 Copay
Tier 4: Specialty Drugs (30-Day Supply)	10% Coinsurance Up to \$250 Per Prescription	10% Coinsurance Up to \$250 Per Prescription
Medical Supplies/ Durable Medical Equipment		
Medical Supplies	20% coinsurance	20% coinsurance
Prosthetic Devices	20% coinsurance	20% coinsurance
Durable Medical Equipment (Outpatient)	20% coinsurance	20% coinsurance
Mental Health Services		
Mental/Behavioral Health Outpatient Office Visits	\$0 Copay	\$40 Copay
Mental/ Behavioral Health Other Outpatient Items and Services	\$40 Copay	\$40 Copay
Mental/Behavioral Health Inpatient Facility Fee	\$250 copay/day (Up to the first 5 days)	\$250 copay/day (Up to the first 5 days)
Mental/Behavioral Health Inpatient Professional Fee	\$0 Copay	\$0 Copay
Chemical Dependency Services		
Substance Use Disorder Outpatient Office Visits	\$0 Copay	\$40 Copay

Benefit Comparison Chart	Ruby 40 HMO Platinum	
Covered Services	2020	2021
Substance Use Disorder Other Outpatient Items and Services	\$40 Copay	\$40 Copay
Substance Use Disorder Inpatient Facility Services	\$250 copay/day (Up to the first 5 days)	\$250 copay/day (Up to the first 5 days)
Substance Use Disorder Inpatient Professional Fee	\$0 Copay	\$0 Copay
Home Health Services		
Home Health Care	\$0 copay	\$0 copay
Rehabilitation Services	\$40 Copay	\$40 Copay
Habilitation Services	\$40 Copay	\$40 Copay
Skilled Nursing Care	1st 10 days at no charge; then \$100 copay per day.	1st 10 days at no charge; then \$100 copay per day.
Hospice Services	\$0 copay	\$0 copay
Pediatric Vision and Dental (Included in Plan)		
Pediatric Vision (Ages 0-18) Administered by VSP		
Eye Exam Including Refraction and Dilation Per Year	\$0 Copay	\$0 Copay
1 Pair of Glasses Per Year (or Contact Lenses in Lieu of Glasses) Calendar Year	\$0 Copay	\$0 Copay
Pediatric Dental (Ages 0-18) Administered by Delta Dental		
Child Dental Diagnostic and Preventive Services	See Delta Dental EOC	See Delta Dental EOC