

Benefit Comparison Chart	Ruby 20 HMO Platinum 2023
Covered Services	2023
DEDUCTIBLES	
Annual Deductible	Medical: \$0 / Drug: \$0
Out-of-Pocket Limit On Expenses	Individual \$2,500 / Family \$5,000
PROFESSIONAL SERVICES	Member Cost Share
Visit to a Health Care Provider's Office or Clinic	
Preventive Care/ Screening/ Immunization	\$0 Copay
Family Planning (Consultation and Contraceptive Services)	\$0 Copay
Prenatal Care and Preconception Visits	\$0 Copay
Diabetes Care Management	\$0 Copay
Diabetes Education	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$20 Copay
Specialist Visit	\$20 Copay
Acupuncture	\$20 Copay
Allergy Visit (Testing and Treatment)	\$20 Copay
Other Practitioner Office Visit	\$20 copay
Outpatient Services	Member Cost Share
Tests	
Laboratory Tests	\$10 Copay
X-Rays	\$10 Copay
Imaging (CT/PET scans, MRIs)	\$150 Copay
Outpatient Surgery	
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$100 (Chinese Hospital) / \$300 (Other Facilities)
Physician/Surgeon Fees	\$0 Copay
Outpatient Visit	\$0 Copay
Hospitalization Services	
Facility Fee (e.g., Hospital Room)	\$150 Copay / Day (Chinese Hospital) \$450 Copay / Day (Other Facilities) (Up to First 5 days)
Physician/Surgeon Fees	\$0 Copay
Delivery and All Inpatient Services (Hospital Services)	\$150 copay per day (Up to the first 5 days)
Delivery and All Inpatient Services (Professional Services)	\$0 Copay
Emergency Health Coverage	
Emergency Room Services	\$200 Copay
Emergency Room Physician Fee	\$0 Copay
Urgent Care	\$20 Copay
Ambulance Services	
Medical Transportation (Including Emergency and Non-emergency)	\$100 copay
Prescription Drug Coverage	
Tier 1:Generic Drugs (30-Day Supply)	\$5 Copay
Tier 1:Generic Drugs (90-Day Supply) Chinese Hospital	\$10 Copay

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Pharmacy, or Mail Order	
Tier 2: Preferred Brand Drugs (30-Day Supply)	\$15 Copay
Tier 2: Preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$30 Copay
Tier 3: Non-preferred Brand Drugs (30-Day Supply)	\$25 Copay
Tier 3: Non-preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$50 Copay
Tier 4: Specialty Drugs (30-Day Supply)	10% Coinsurance Up to \$250 Per Prescription
Medical Supplies/ Durable Medical Equipment	
Medical Supplies	20% coinsurance
Prosthetic Devices	20% coinsurance
Durable Medical Equipment (Outpatient)	20% coinsurance
Mental Health Services	
Mental/Behavioral Health Outpatient Office Visits	\$20 Copay
Mental/ Behavioral Health Other Outpatient Items and Services	\$20 Copay
Mental/Behavioral Health Inpatient Facility Fee	\$150 copay/day (Up to the first 5 days)
Mental/Behavioral Health Inpatient Professional Fee	\$0 Copay
Chemical Dependency Services	
Substance Use Disorder Outpatient Office Visits	\$20 Copay
Substance Use Disorder Other Outpatient Items and Services	\$20 Copay
Substance Use Disorder Inpatient Facility Services	\$150 copay/day (Up to the first 5 days)
Substance Use Disorder Inpatient Professional Fee	\$0 Copay
Home Health Services	
Home Health Care	\$0 copay
Rehabilitation Services	\$20 Copay
Habilitation Services	\$20 Copay
Skilled Nursing Care	1st 10 days at no charge; then \$100 copay per day.
Hospice Services	\$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
1 Pair of Glasses Per Year (or Contact Lenses in Lieu of Glasses) Calendar Year	\$0 Copay
Pediatric Dental (Ages 0-18) Administered by Delta Dental	
Child Dental Diagnostic and Preventive Services	No Charge