

Benefit Chart	Opal 50 HMO Silver
Covered Services	2023
DEDUCTIBLES	
Annual Deductible	Medical: Individual \$3,800 / Family \$7,600 Drug: Individual \$700 / Family \$1400
Out-of-Pocket Limit On Expenses	Individual \$9,100 / Family \$18,200
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	\$50 Copay
Specialist Visit	\$95 Copay
Acupuncture	\$50 Copay
Allergy Visit (Testing and Treatment)	\$95 Copay
Other Practitioner Office Visit	\$50 Copay
Outpatient Services	
Member Cost Share	
Tests	
Laboratory Tests	\$50 Copay
X-Rays	\$95 Copay
Imaging (CT/PET scans, MRIs)	\$285 Copay
Outpatient Surgery	
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$300 (Chinese Hospital) / \$750 (Other Facilities) (After Deductible)
Physician/Surgeon Fees	30% Coinsurance
Outpatient Visit	30% Coinsurance
Hospitalization Services	
Facility Fee (e.g., Hospital Room)	\$250 Copay / Day (Chinese Hospital) \$750 Copay / Day (Other Facilities) (Up to First 5 Days) (After Deductible)
Physician/Surgeon Fees	\$0 Copay
Delivery and All Inpatient Services (Hospital Services)	\$250 copay per day (Up to the first 5 days) (After Deductible)
Delivery and All Inpatient Services (Professional Services)	\$0 Copay
Emergency Health Coverage	
Emergency Room Services	\$300 Copay (After Deductible)

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Emergency Room Physician Fee	\$0 Copay
Urgent Care	\$25 Copay
Ambulance Services	
Medical Transportation (Including Emergency and Non-Emergency)	\$100 copay (After Deductible)
Prescription Drug Coverage	
Tier 1: Generic Drugs (30-Day Supply)	\$30 Copay (After Drug Deductible)
Tier 1: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$60 Copay
Tier 2: Preferred Brand Drugs (30-Day Supply)	\$80 Copay (After Drug Deductible)
Tier 2: Preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$160 Copay (After Drug Deductible)
Tier 3: Non-Preferred Brand Drugs (30-Day Supply)	\$95 Copay (After Drug Deductible)
Tier 3: Non-Preferred Brand Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	\$190 Copay (After Drug Deductible)
Tier 4: Specialty Drugs (30-Day Supply)	20% Coinsurance Up to \$250 Per Prescription (After Drug Deductible)
Medical Supplies/ Durable Medical Equipment	
Medical Supplies	50% coinsurance (After Drug Deductible)
Prosthetic Devices	50% coinsurance (After Drug Deductible)
Durable Medical Equipment (Outpatient)	50% coinsurance (After Drug Deductible)
Mental Health Services	
Mental/Behavioral Health Outpatient Office Visits	\$50 Copay
Mental/ Behavioral Health Other Outpatient Items and Services	\$50 Copay
Mental/Behavioral Health Inpatient Facility Fee	\$250 copay/day (Up to first 5 days) (After Deductible)
Mental/Behavioral Health Inpatient Professional Fee	\$0 Copay
Chemical Dependency Services	
Substance Use Disorder Outpatient Office Visits	\$50 Copay
Substance Use Disorder Other Outpatient Items and Services	\$50 Copay
Substance Use Disorder Inpatient Facility Services	\$250 copay/day (Up to first 5 days) (After Deductible)
Substance Use Disorder Inpatient Professional Fee	\$0 Copay
Home Health Services	

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Home Health Care	\$0 copay (After Deductible)
Rehabilitation Services	\$50 Copay
Habilitation Services	\$50 Copay
Skilled Nursing Care	1st 10 days at no charge; then \$100 per day (After Deductible)
Hospice Services	\$0 copay (After Deductible)
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	See Delta Dental EOC

Footnotes: *Preventive care services are not subject to the deductible.

Medical / RX cost-sharing contributes toward annual deductible.

You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use, unless the service is not subject to the deductible.

Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st).