

#2443 Rios Contracting Corporation

Benefits		Stateside Benefits
Calendar Year Deductible		\$250.00
Out-of-pocket limit on expenses		\$500.00
Common Medical Event	Service Type	Member Cost Share
	Benefits	Interplan/Healthsmart Network (outpatient services – office visit, lab, x-ray, urgent care visits and Free Standing Facilities for MRI, CT and PET scans) **Services provided outside of the Interplan/Healthsmart network for outpatient services are not covered by this plan
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 co-pay- member Plan pays 100% of allowed
	Specialist visit	\$40 co-pay – member Plan pays 100% of allowed
	Urgent Care Facility/Service	\$40 co-pay – member Plan pays 100% of allowed
	Preventive care/screening/immunization	No cost share – member Plan pays 100% of allowed
Tests	Diagnostic test (x-ray, blood work) Free Standing Facilities Subject to Deductible	Plan pays 75% of allowed
	Imaging (CT/PET scans, MRIs) at a Free Standing Imaging Center, if performed in a hospital on an outpatient basis not covered Subject to Deductible	Plan pays 75% of allowed
Outpatient Mental health, Behavioral Health, or Substance abuse needs	Mental/Behavioral health outpatient services	Not Covered
	Substance use disorder outpatient services Subject to Deductible 12 visit maximum	75% of allowed
Outpatient surgery	Facility fee (e.g., ASC)	Not Covered
	Physician/surgeon fees	Not Covered
Need immediate attention	Emergency room services (waived if admitted)	Not Covered
	Emergency medical transportation	Not Covered
Hospital stay	Facility fee (e.g., hospital room)	Not Covered
	Physician/surgeon fee	Not Covered
Inpatient Mental health, Behavioral Health, or Substance abuse needs	Mental/Behavioral health inpatient Services	Not Covered
	Substance use disorder inpatient Services	Not Covered
Pregnancy	Delivery and all Inpatient services	Professional Hospital Not Covered
Help recovering or other special health needs	Home health care (60 days per calendar year)	Not Covered
	Rehabilitation services	\$20 co-pay – member Plan pays 100% of allowed
	Habilitation services	Habilitation services
	Skilled nursing facility	Not Covered
	Chemotherapy/Radiation	Not Covered
	Dialysis	Not Covered
	Durable medical equipment	Not Covered
Child needs	Hospice service	Not Covered
	Eye Exam	No cost share
Child oral care Ages 0-11 mos, 1-4yrs, 5-10 yrs.	Glasses	Not Covered
	Dental check-up – Preventive and Diagnostic Services	Not Covered
	Dental Basic Services	Not Covered
Drugs to treat illness or condition	Generic Drugs – Mandatory Generic	\$10 co-pay
	Brand Subject to deductible Available only when generic is not available	\$40 co-pay Formulary \$75 Non-Formulary
	Specialty Medication	Not Covered