

### #2460 – Sanchietti Farming

Medical Benefits	Stateside Benefits
Calendar Year Deductible	N/A
Coinsurance	100%
Maximum out of Pocket	\$500
<b>Benefits</b>	<b>**Services provided outside of the Interplan/Healthsmart are not covered by this plan</b>
Primary care visit to treat an injury or illness	\$20 co-pay
Specialist visit	\$20 co-pay
Urgent Care Facility/Service	\$40 co-pay
Preventive care/screening/immunization	No cost share – member Plan pays 100% of allowed
Non-Preventative Well Baby Care/Visits	\$20 co-pay
Diagnostic test (x-ray, blood work) Free Standing Facilities	\$20 co-pay
X-rays and Diagnostic Imaging	\$40 co-pay
Imaging (CT/PET scans, MRIs) at a Free Standing Imaging Center, if performed in a hospital on an outpatient basis not covered	\$300 co-pay
Outpatient Facility fee (e.g., ASC)	Not Covered
Outpatient Physician/surgeon fees	Not Covered
Emergency room services (medical emergency)	Not Covered
Emergency room services (non medical emergency)	Not Covered
Inpatient Facility fee (e.g., hospital room)	Not Covered
Mental Health/Substance Abuse outpatient services	Not Covered
Rehabilitation services Speech Therapy	Not Covered
Rehabilitation Occupation/Physical Therapy	Not Covered
Skilled nursing facility	Not Covered
Durable medical equipment	Not Covered
Generic	\$5 co-pay
Preferred Brand	\$40 co-pay
Non Preferred Brand	Not Covered
Specialty High Cost Drugs	Not Covered