

Plan Overview

CANOPYCARE HMO

10/30% (\$6,500 / \$13,000)

Benefit description	Member responsibility
Plan maximums	
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$6,500 / \$13,000
Facility deductible	
Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family)	N/A / N/A
Professional services	
PCP office visit ¹	\$10
Specialist office visit ¹	\$30
Preventive care services ¹	\$0
Telehealth services	No coverage through preferred vendor
Rehabilitation therapy ²	\$10
X-ray procedures ¹	\$10
Laboratory procedures ¹	\$10
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	30%
Facility services	
Outpatient surgery (hospital)	30%
Outpatient surgery (ambulatory surgery center)	20%
Inpatient hospital	30%
Skilled nursing facility (100 day maximum)	Days 1-10: \$0 Days 11-100: \$25 per day
Emergency services	
Urgent care services	\$30
Emergency room facility	\$200
Ambulance services (ground and air)	\$200
Mental health and substance use disorder services	
Outpatient office visit	\$10
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0
Inpatient	30%
Other services	
Durable medical equipment ¹	\$0
Diabetic equipment	\$0
Acupuncture services ³	Rider available
Chiropractic services ³	Rider available

¹ Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

² Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

³ Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the HMO plan shown above.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage.

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