Large Group

Plan Overview

CANOPYCARE HMO

0/250a ($1,500 / $3,000)

Benefit description	Member responsibility
Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family)	$1,500 / $3,000
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]	$0
Specialist office visit[1]	$20
Preventive care services[1]	$0
Telehealth services through the Select Telehealth Services Provider[2]	$0
Rehabilitation therapy[3]	$0
X-ray procedures[1]	$0
Laboratory procedures[1]	$0
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	$100
Facility services Outpatient surgery (hospital)	$250 per admit
Outpatient surgery (ambulatory surgery center)	$100 per admit
Inpatient hospital	$250 per admit
Skilled nursing facility (100 day maximum)	Days 1-10: $0 Days 11-100: $25 per day
Emergency services Urgent care services	$0
Emergency room facility	$150
Ambulance services (ground and air)	$150
Mental health and substance use disorder services Outpatient office visit	$0
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	$0
Inpatient	$250 per admit
Other services Durable medical equipment[1]	$0
Diabetic equipment	$0
Acupuncture services[4]	Rider available
Chiropractic services[4]	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] Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

[3] Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

[4] 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.

Nondiscrimination Notice