AVMED HMO PLANS

This Schedule of Benefits reflects the higher provider and prescription co-payments for 2013. This is not a contract, it's a summary of the plan highlights and is subject to change. For specific information on Benefits, Exclusions and Limitations please see your Summary Plan Description. FOR ADDITIONAL INFORMATION, PLEASE CALL: 1-800-68-AVMED (1-800-682-8633), or visit the AvMed website at www.avmed.org/go/mdpht.

SCHEDULE OF BENEFITS	AVMED HMO HIGH	AVMED HMO LOW
	COST TO MEMBER	COST TO MEMBER
LIFETIME MAXIMUM	Unlimited	Unlimited
CALENDAR YEAR DEDUCTIBLE		
Individual /Family	Not Applicable	Not Applicable
OUT-OF-POCKET MAXIMUM (Per Calendar Year)		
Individual	$1,500	$1,500
Family	$3,000	$3,000
PRIMARY CARE PHYSICIAN		
Routine office visits	$15 per visit	$30 per visit
Preventive care-routine physicals/pediatric well baby care (and other preventive services required by the Patient Protection Affordable Care Act "PPACA")	No Charge	No Charge
Pediatrician	$15 per visit	$30 per visit
SPECIALIST'S SERVICES	Open Access	Referral Required For Most Services
Office Visits	$30 per visit	$45 per visit
Annual gyn exam when performed by participating specialist	No Charge	No Charge
MATERNITY CARE SERVICES		
Initial visit	$30 per visit	$45 per visit
Subsequent visits	No charge	No charge
ALLERGY TREATMENTS		
Allergy Injections	$15 per visit	$30 per visit
Skin testing (per course of treatment)	$30 per visit	$45 per visit
HOSPITAL SERVICES - Inpatient care at participating hospitals includes:		
Room and board - unlimited days (semi-private)	No charge	$150 per day for the first 3 days, per admission. No charge thereafter.
Physicians', specialists' and surgeons' svces	No charge	
Anesthesia, use of operating and recovery rooms, oxygen, drugs and medication	No charge	
Intensive care unit and other special units, general and special duty nursing	No charge	
Laboratory and diagnostic imaging	No charge	

AVMED HMO PLANS - SCHEDULE OF BENEFITS		
SCHEDULE OF BENEFITS	AVMED HMO HIGH	AVMED HMO LOW
	COST TO MEMBER	COST TO MEMBER
CHIROPRACTIC	$15 per visit	$30 per visit
PODIATRY	$15 per visit	$30 per visit
OUTPATIENT SERVICES		
Outpatient surgeries, including cardiac catheterizations and angioplasty	No charge	No charge
OUTPATIENT DIAGNOSTIC TESTS		
Complex radiological imaging (CT, MRI, MRA, PET and Nuclear Cardiac Imaging) Mammogram	No charge	No charge
Other diagnostic imaging tests and Laboratory	No charge	No charge
Mammogram	No charge	No charge
EMERGENCY SERVICES		
An emergency is the sudden and unexpected onset of a condition requiring immediate medical or surgical care.	Co-payment waived if admitted. Plan must be notified within 24 hours of emergency inpatient admission.	Co-payment waived if admitted. Plan notification required within 24 hours of emergency inpatient admission.
Emergency svces at participating hospitals	$25 co-payment	$100 co-payment
Emergency services - non-participating hospitals, facilities and/or physicians	$25 co-payment	$100 co-payment
URGENT /IMMEDIATE CARE		
Medical Services at a participating Urgent/Immediate Care facility or svces rendered after hours in your Primary Care Physician's office	$25 co-payment	$50 co-payment
Medical Services at a participating retail clinic	$15 co-payment	$30 co-payment
Medical Services at a non-participating Urgent/ Immediate Care facility or non-participating retail clinic	$50 co-payment	$50 co-payment
AMBULANCE		
When pre-authorized or in the case of emergency	No charge	No charge
DRUG AND ALCOHOL REHABILITATION PROGRAMS		
Outpatient	$15 per visit	$30 per visit
Inpatient	No charge	$150 per day, first 3 days p/admission. No charge thereafter.
MENTAL / NERVOUS DISORDERS		
Outpatient	$15 per visit	$30 per visit
Inpatient	No charge	$150 per day, first 3 days p/admission. No charge thereafter.

AVMED HMO PLANS - SCHEDULE OF BENEFITS

SCHEDULE OF BENEFITS	AVMED HMO HIGH COST TO MEMBER	AVMED HMO LOW COST TO MEMBER
PHYSICAL, SPEECH, RESPIRATORY & OCCUPATIONAL THERAPIES		
Short-term Physical, Speech, Respiratory and Occupational therapy for acute conditions. Coverage is limited to 60 visits combined per Calendar year	$30 per visit	$45 per visit
DURABLE MEDICAL EQUIPMENT Equipment includes but not limited to: Hospital beds, walkers, crutches,wheelchairs	Benefits limited to $2000 per Calendar Year	Benefits limited to $500 per Calendar Year
	$50 per episode of illness	$50 per episode of illness
DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDER		
Applied Behavioral Analysis (ABA)	$15 per visit	$30 per visit
Physical, Speech, Occupational Therapy	$15 per visit	$30 per visit
Calendar Year Maximum: Lifetime Maximum:	$36,000 $200,000	$36,000 $200,000
PRESCRIPTION MEDICATION BENEFIT — RETAIL, 30 DAY SUPPLY (*INCLUDES CONTRACEPTIVES)		
Generic	$15 co-payment	$20 co-payment
Preferred Brand	$25 co-payment	$35 co-payment
Non-Preferred Brand	$35 co-payment	$55 co-payment
NOTE: Specialty Drugs (example: self injectables, etc.) - Available only on a 30-day supply basis from a specialty pharmacy for the applicable copayment.		
PRESCRIPTION MEDICATIONS - MAIL-ORDER, 90 DAY SUPPLY (*INCLUDES CONTRACEPTIVES)		
Generic	$30 co-payment	$40 co-payment
Preferred Brand	$50 co-payment	$70 co-payment
Non-Preferred Brand	$70 co-payment	$110 co-payment

DEFINITIONS: Generic - medication on the Prescription medication list. Preferred Brand - medication designated as preferred on the prescription medication list with no Generic equivalent. Non-Preferred Brand - medication with a Generic equivalent and/or medication designated as non-preferred on the Prescription medication list.

BRAND ADDITIONAL CHARGE - When Brand is requested and a generic equivalent is available: Member pays the difference between the cost of the Brand medication and Generic medication, plus the Non-Preferred Brand co-payment.

* There is no co-payment for Generic contraceptives, in accordance with provisions of the Patient Protection and Affordable Care Act (PPACA).

PRIOR AUTHORIZATION IS REQUIRED FOR SPECIFIC COVERED SERVICES INCLUDING, BUT NOT LIITED TO:
All Inpatient Services, Observation Services, Residential Treatment, Outpatient Surgery, Intensive Outpatient Programs, Complex Radiological Imaging (CT, MRI, MRA, PET and Nuclear Cardiac Imaging), Non-Emergency Ambulance, Dialysis Services, Transplant Services, use of Non-Participating Providers, Select Medications Including Injectables