



Basic Health (BH)

♂ 2008 MEMBER COST SHARING GRID ♀

NOTE: ALL CO-PAYMENT/CO-INSURANCE AMOUNTS ARE SUBJECT TO PLACE OF SERVICE AND BILLING METHODOLOGIES.

Service	BH Subsidized	HCTC/BH – S (Pregnant members that are not eligible for S-Med)
Ambulance (Air and Ground)	20% Co-insurance per trip <i>(Co-insurance is waived if member is transferred from facility-to-facility at the Plan's request.)</i> Subject to \$150 annual deductible	20% Co-insurance per trip <i>(Co-insurance is waived if member is transferred from facility-to-facility at the Plan's request.)</i> Subject to \$150 annual deductible
Emergency Room	\$100.00 co-pay/visit <i>(Co-pay is waived if member is admitted and inpatient admission co-insurance applies.)</i>	\$100.00 co-pay/visit <i>(Co-pay is waived if member is admitted and inpatient admission co-insurance applies.)</i>
Inpatient Admission	20% Co-insurance per inpatient admission, with a \$300.00 out-of-pocket maximum per admission. Subject to \$150 annual deductible. Co-insurance is waived if admitted within 90 days with same diagnosis.	20% Co-insurance per inpatient admission, with a \$300.00 out-of-pocket maximum per admission. Subject to \$150 annual deductible. Co-insurance is waived if admitted within 90 days with same diagnosis.
Laboratory and Pathology	NO member cost sharing	NO member cost sharing
Maternity	NO member cost sharing for maternity related services. Maternity services are covered only for 30 days from date of pregnancy diagnoses.	NO member cost sharing for maternity related services, including complications of pregnancy and routine newborn care.
Office and Clinic Visit	\$15.00 co-pay per visit	\$15.00 co-pay per visit
Outpatient Surgery	20% Co-insurance <i>(Co-insurance applies to both professional and facility charges.)</i> Subject to \$150 annual deductible	20% Co-insurance <i>(Co-insurance applies to both professional and facility charges.)</i> Subject to \$150 annual deductible
Pharmacy – Retail (up to 30 day supply)	Tier 1: \$10 co-pay for formulary generic medications, or the actual cost of the drug if less than the co-pay. Tier 2: 50% coinsurance for formulary brand name medications and non-formulary brand name medications or the actual cost of the drug if less than the co-pay.	Tier 1: \$10 co-pay for formulary generic medications, or the actual cost of the drug if less than the co-pay. Tier 2: 50% coinsurance for formulary brand name medications and non-formulary brand name medications or the actual cost of the drug if less than the co-pay.
Preventive Care (office visits only)	NO member cost sharing	NO member cost sharing
Radiology (except x-rays, echo's and ultrasounds)	20% Co-insurance <i>(Facility fee's only)</i> Subject to \$150 annual deductible	20% Co-insurance <i>(Facility fee's only)</i> Subject to \$150 annual deductible

⇒ All Co-insurance applies to the member's Out-of-Pocket Maximum (\$1,500 per year).
⇒ Co-payments do not count towards the members annual deductible (\$150) or the Out-of-Pocket maximum.