

CoverKids Co-pays

	BENEFIT LEVEL		
	1	2	3
Office/Outpatient Services			
Primary Care Visit <ul style="list-style-type: none"> Office visits with family practice, general practice, internal medicine, OB/GYN, pediatrics, and walk in clinics Includes nurse practitioners, physician assistants and nurse midwives (licensed healthcare facility only) working under the supervision of a primary care provider 	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
Specialist Visit and Outpatient Surgery <ul style="list-style-type: none"> Office visits with any specialty provider Outpatient surgeries including invasive diagnostic services (e.g. colonoscopy) - Single co-pay per date of service	\$20 Co-Pay	\$5 Co-Pay	No Co-Pay
Behavioral Health (Mental Health and Substance Abuse) Services <ul style="list-style-type: none"> Office visits Outpatient Behavioral health and substance abuse - Single co-pay per date of service	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
Chiropractors <ul style="list-style-type: none"> Only covered for children under age 19 	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
Rehabilitation and Therapy Services <ul style="list-style-type: none"> Including Speech, Physical and Occupational Limited to 52 visits per therapy type per Calendar Year	\$15 Co-Pay	\$5 Co-Pay	No Co-Pay
Pharmacy - Benefits managed by Express Scripts (ESI)			
30 and 90-Day Supply/Specialty Pharmacy Drugs	\$5 generic \$20 preferred brand \$40 non-preferred brand	\$1 generic \$3 preferred brand \$5 non-preferred brand	No Co-Pay

	BENEFIT LEVEL		
	1	2	3
Non-Emergency Care			
Emergency Room Visit deemed as NOT a True Medical Emergency <ul style="list-style-type: none"> Facility (Medical & Behavioral Health [Mental Health and Substance]), including Urgent Care MUST be an In Network Provider. If Out of Network provider, CoverKids will NOT pay. 	\$50 Co-Pay	\$10 Co-Pay	No Co-Pay
Inpatient Stays			
Inpatient Facility (Medical and Behavioral Health [Mental Health and Substance Abuse]) <ul style="list-style-type: none"> Co-Pay waived if readmitted within 48 hours of initial visit for same episode of illness or injury Rehabilitation services Mental Health and Substance Abuse Treatment 	\$100 Co-Pay per admission	\$5 Co-Pay per admission	No Co-Pay
Vision Services- These Services are only eligible for children under age 19. When both frames and lenses are ordered at the same time, one Co-Pay is charged			
Prescription Eyeglass Lenses <ul style="list-style-type: none"> Including bifocal or trifocal Limited to one per Plan Year 	\$15 Co-Pay \$85 Max Benefit	\$5 Co-Pay \$85 Max Benefit	No Co-Pay
Prescription Contact Lenses in lieu of Eyeglass Lenses <ul style="list-style-type: none"> Limited to one per Plan Year 	\$15 Co-Pay \$150 Max Benefit	\$5 Co-Pay \$150 Max Benefit	No Co-Pay
Frames <ul style="list-style-type: none"> Limited to every 2 Plan Years 	\$15 Co-Pay \$100 Max Benefit	\$5 Co-Pay \$100 Max Benefit	No Co-Pay
Dental Services- These Services are only eligible for children under age 19.			
<ul style="list-style-type: none"> Office visits 	<ul style="list-style-type: none"> \$15 Co-Pay 	<ul style="list-style-type: none"> \$5 Co-Pay 	<ul style="list-style-type: none"> No Co-Pay
Annual Benefit Maximum Per Child	<ul style="list-style-type: none"> \$1,000 	<ul style="list-style-type: none"> \$1,000 	<ul style="list-style-type: none"> \$1,000
Orthodontic Services <ul style="list-style-type: none"> 12-month waiting period* 	<ul style="list-style-type: none"> \$15 Co-Pay 	<ul style="list-style-type: none"> \$5 Co-Pay 	<ul style="list-style-type: none"> No Co-Pay
Lifetime Maximum Per Child**	<ul style="list-style-type: none"> \$1,250 	<ul style="list-style-type: none"> \$1,250 	<ul style="list-style-type: none"> \$1,250

*There is a 12-month waiting period before orthodontic benefits are paid.

** The lifetime orthodontics maximum limit does not apply to the family annual out-of-pocket maximum.

The following services do NOT require a Co-Pay

Preventive Care

Office Visits

- Well-baby, well-child visits
- Annual physical exam
- Annual well-woman exam including ,but not limited to, family planning and pap tests
- Immunizations
- Annual hearing and vision screening
- Screenings including colonoscopy, colorectal, labs, nutritional guidance, Sexually Transmitted Disease (STD), cancer and other screenings

Office/Outpatient Services

X-Ray, Lab and Diagnostics

- Including reading, interpretation of results, dialysis, radiation, cobalt, and radioisotope therapy

Including MRIs, cat scans and nuclear medicine

Allergy Testing and Allergy Injections

Chemotherapy and radiation therapy

Emergency Care

Emergency Room Visit Deemed as an Emergency

- Medical and Behavioral Health (Mental Health and Substance Abuse)

Services Received at an Inpatient Facility

Physician Charges (Medical and Behavioral Health [Mental Health and Substance Abuse])

Skilled Nursing Facility

- Limited to 100 days per Calendar Year following approved hospitalization

Maternity Services

Maternity Related Facility and Provider

- Maternity Visits (prenatal and postpartum care)
- Hospital admission for delivery

Other Services

Durable Medical Equipment (DME)

- Including prosthetics/orthotics

Hearing aids are limited to 1 per ear per Calendar Year up to the age 5; then 1 per ear every 2 years thereafter

Supplies (31 day supply)

The following services do NOT require a Co-Pay

Ambulance - Land and Air

- Emergency to the nearest facility
- From the scene of an accident to the nearest facility

Facility to facility when medically appropriate

Home Health

Home Nursing Care limited to 125 visits per Calendar Year

Home Infusion Therapy

Hospice

Co-Pay waived for all services if member is under hospice care

Diabetic Self-Management Training and Education

Vision Services - These Services are only eligible for Children under 19.

Annual Vision Exam

- Including refractive exam and annual glaucoma testing

Must go to an In-Network provider

Dental Services – These Services are only eligible for Children under 19.

Office visits:

- Routine preventive oral exam
- X-rays
- Cleanings and fluoride application