



**2017 Gold Mirror Plan  
Summary of Benefits and Coverage Effective 1/1/2017**

<b>Individual/Family Overall Annual Deductible</b>	\$0
<b>Individual/Family Out-of-Pocket Maximum</b>	\$6,750/\$13,500

<b>Common Medical Event</b>	<b>Service Type</b>	<b>Member Cost Share</b>
<b>Health Care Provider's Office or Clinic Visit</b>	Office Visits – PCP or Primary Care	\$30 per visit
	Office Visits – Specialist	\$55 per visit
	Office Visits - Other Healthcare Practitioners	\$30 per visit
	Preventive Care/Screening/Immunization	No Copay
<b>Tests</b>	Laboratory Tests	\$35 per visit
	X-rays and Diagnostic Imaging	\$55 per visit
	Imaging – (CT/Pet Scans, MRIs)	\$275 per visit
<b>Outpatient Prescription Drug Coverage to treat illness or condition</b>	Tier 1	\$15 per drug
	Tier 2	\$55 per drug
	Tier 3	\$75 per drug
	Tier 4	20% up to \$250 per script
<b>Outpatient Services</b>	Surgery Facility Fee	\$600 per visit
	Physician/Surgeon Fee	\$55
	Outpatient visit	20%
<b>Need Immediate Attention</b>	Emergency Room Facility Fee (waived if admitted)	\$250
	Emergency Room Physician Fees (waived if admitted)	No Copay
	Ambulance Services or emergency medical transportation	\$250
	Urgent Care in Mexico	\$30 per visit
	Urgent Care outside of Mexico	\$30 per visit
<b>Hospital Stays</b>	Inpatient Hospital Facility Fees	\$600 per day, up to 5 days
	Inpatient Physician/Surgeon Fees	\$55
<b>Mental Health, Behavioral Health, or Substance Abuse Needs</b>	Mental/Behavioral health outpatient office visits	\$30 per visit
	Mental/Behavioral health other outpatient items and services	\$30
	Mental/Behavioral health inpatient services (hospital room)	\$600 per day, up to 5 days
	Mental/Behavioral health inpatient physician/surgeon fee	\$55
	Substance use disorder outpatient office visits	\$30 per visit
	Substance use disorder other outpatient items and services	\$30
	Substance use disorder inpatient facility fee (hospital room)	\$600 per day, up to 5 days
	Substance use disorder inpatient physician/surgeon fee	\$55
<b>Pregnancy</b>	Prenatal care and preconception visits	No Copay
	Delivery and all inpatient services - Hospital	\$600 per day, up to 5 days
	Delivery and all inpatient services - Professional	\$55
<b>Help Recovering or other Special Health Needs</b>	Home health care	\$30 per visit
	Outpatient Rehabilitation/Habilitation Therapy Services	\$30 per visit
	Skilled Nursing Care	\$300 per day, up to 5 days
	Durable Medical Equipment (including Diabetic Equipment)	20%
	Prosthetics/Orthotics	20%
	Hospice Services	No Copay
<b>Child Eye Care</b>	Eye exam	No Copay
	1 pair of glasses per year (or contact lenses in lieu of glasses)	No Copay
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam	No Copay
	Preventive – Cleaning & X-ray	No Copay
	Sealants per Tooth	No Copay

	Topical Fluoride Application	No Copay
	Space Maintainers – Fixed	No Copay
<b>Child Dental Basic Services</b>	Amalgam Fill - 1 Surface	\$25
<b>Child Dental Major Services</b>	Root Canal- Molar	\$300
	Gingivectomy per Quad	\$150
	Extraction- Single Tooth Exposed Root or Erupted	\$65
	Extraction- Complete Bony	\$160
	Porcelain with Metal Crown	\$300
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$350

**See Endnotes**

**Endnotes:**

- 1) Family out-of-pocket maximums are equal to 2 times the individual values. Cost sharing payments (copayments and coinsurance, but not yet premiums) made by each individual in a family contribute to the family out-of-pocket maximums. Once the family out-of-pocket maximum is reached, the plan pays all costs for covered services for all family members. In a family plan, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum.
- 2) The cost-sharing payments cannot exceed the out of pocket limits set for self-only coverage and family coverage.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount (the maximum amount on which payment is based for covered health care services).
- 4) In the Platinum and Gold Copay Plans, hospital, in-patient and skilled nursing facility stays have no additional cost share after 5 days.
- 5) For drugs to treat an illness or condition the supply of drugs for which the copay or coinsurance applies is for the prescription term, not to exceed 30 days.
- 6) Preventive Care Includes checkups; periodic screenings; Well-baby visits up to age 2; Well-woman visits; Pap and HPV tests; Maternity/prenatal care; Immunizations for children; Vision and hearing exams; health education classes.
- 7) Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the Plan's out-of-pocket maximum.
- 8) Copayments may never exceed the Plan's actual cost of the service. For example, if laboratory tests cost less than the \$35 copayment, the lesser amount is the Member's applicable cost-sharing amount.
- 9) Member's cost-sharing amount for oral anti-cancer drugs shall not exceed \$200 per month per state law.
- 10) The Outpatient Visit line item within the Outpatient Services category includes but is not limited to the following types of outpatient visits: outpatient chemotherapy, outpatient radiation, outpatient infusion therapy and outpatient dialysis and similar outpatient services.
- 11) Cost-sharing for services subject to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) may be less than those listed in these standard benefit plan designs if necessary for compliance with MHPAEA.
- 12) Drug tiers are defined as follows:

<b>Tier</b>	<b>Definition</b>
1	1) Most generic drugs and low cost preferred brands.
2	1) Non-preferred generic drugs or; 2) Preferred brand name drugs or; 3) Recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost.
3	1) Non-preferred brand name drugs or; 2) Recommended by P&T committee based on drug safety, efficacy and cost or; 3) Generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	1) Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies or; 2) Self administration requires training, clinical monitoring or; 3) Drug was manufactured using biotechnology or; 4) Plan cost (net of rebates) is >\$600.