

Plan facts	Member services Member services hours Web address Product name	(800) 257-4692 Annual enrollment information: (800) 257-4692 Mon-Fri: 8:00 AM-5:00 PM CT www.chciowa.com Open Access
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit \$15 copay for initial visit, thereafter covered at 100% (specialist copay may apply) \$500 copay per admission \$200 copay for hospital care. Office visit copay applies in physician's office \$25 copay per visit \$50 copay/visit (waived if admitted) \$25 copay/visit. Out-of-area: Not covered
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$45 copay (non-preferred brand) per prescription up to 31-day supply
	Mail order	\$20 copay (generic), \$40 copay (preferred brand) per prescription up to 93-day supply. Non-preferred brand drugs not covered
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	\$15 copay per visit. Specialist copay may apply. Limit 1 visit per year Not covered \$15 copay per visit (up to age 7; Specialist copay may apply) \$15 copay per visit. Limit 1 visit per year
Mental health	Inpatient Outpatient	Covered at 80%. Limit 30 days per calendar year combined with inpatient SA. Prior authorization required* Covered at 80%. Limit 52 visits per calendar year combined with outpatient SA
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 80%. Limit 30 days/calendar year and 2 admissions per lifetime combined with inpatient rehab and MH. Prior auth. required* Covered at 80%. Limit 30 days/calendar year and 2 admissions per lifetime combined with inpatient detox and MH. Prior auth. required* Covered at 80%. Limit 52 visits per calendar year combined with outpatient rehab and MH Covered at 80%. Limit 52 visits per calendar year combined with outpatient detox and MH
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$25 copay per visit. Limit 60 consecutive days from original onset of treatment (pre-authorization required) \$25 copay per visit. Limit 60 consecutive days from original onset of treatment (pre-authorization required)
Out-of-network coverage	Out-of-network non-emergency care	Not covered
Key facts	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Domestic partner coverage available: No Domestic partner children coverage avail.: NA See website for details

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.