

Plan Overview

CANOPYCARE HMO

20/500/10% (\$3,000 / \$6,000)

Benefit description	Member responsibility
Plan maximums	
Out-of-pocket maximum (combined with Rx) (Individual / Family)	\$3,000 / \$6,000
Facility deductible Deductible applies to inpatient hospital, skilled nursing facility, outpatient facility services, outpatient surgery, and ER facility benefits only. (Individual / Family)	\$500 / \$1,000
Professional services PCP office visit ¹	\$20 deductible waived
Specialist office visit ¹	\$20 deductible waived
Preventive care services ¹	\$0 deductible waived
Telehealth services through the Select Telehealth Services Provider ²	\$0 deductible waived
Rehabilitation therapy ³	\$20 deductible waived
X-ray procedures ¹	\$10 deductible waived
Laboratory procedures ¹	\$10 deductible waived
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	10% deductible waived
Facility services Outpatient surgery (hospital)	10% deductible applies
Outpatient surgery (ambulatory surgery center)	5% deductible applies
Inpatient hospital	10% deductible applies
Skilled nursing facility (100 day maximum)	10% deductible applies
Emergency services Urgent care services	\$20 deductible waived
Emergency room facility	10% deductible applies
Ambulance services (ground and air)	10% deductible waived
Mental health and substance use disorder services Outpatient office visit	\$20 deductible waived
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0 deductible waived
Inpatient	10% deductible applies
Other services Durable medical equipment ¹	\$0 deductible waived
Diabetic equipment	\$0 deductible waived
Acupuncture services ⁴	Rider available
Chiropractic services ⁴	Rider available

¹ Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

² Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

³ Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁴ Chiropractic and/or Acupuncture rider coverage is available as an optional benefit with the HMO plan shown above.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage* for all terms and conditions of coverage.

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