

ConsumerDirect EPO - C

Community Rated

	Limitations	In-network	Out-of-network
Inpatient Hospital Services performed and billed by a hospital			
Inpatient Hospital Coverage	PRECERT : YES; 365 Days Per Confinement	Deductible & Coinsurance	No Coverage
Skilled Nursing Facility Care	PRECERT : YES	Deductible & Coinsurance	No Coverage
Inpatient Admission for Medical Rehabilitation (i.e. PT, Physical Medicine and Rehabilitation)	PRECERT : YES; 30 Days Per Calendar Year	Deductible & Coinsurance	No Coverage
Hospice Care - inpatient and outpatient	PRECERT : YES; 210 Days Per Lifetime	Deductible & Coinsurance	No Coverage
Outpatient Hospital Services performed and billed by a hospital or facility			
Pre-Admission Testing		Deductible & Coinsurance	No Coverage
Ambulatory Surgery facility charge (free standing)	PRECERT : YES	Deductible & Coinsurance	No Coverage
Ambulatory Surgery facility charge (OPD hospital)	PRECERT : YES	Deductible & Coinsurance	No Coverage
Home Health Care Services	PRECERT : YES; 200 Visits Per Policy Year	Deductible & Coinsurance	No Coverage
Diagnostic Lab /Radiology	PRECERT : YES; Required for Radiology services	Deductible & Coinsurance	No Coverage
Preventive Mammography and Pap Smear & Prostate Screening		Covered in Full	No Coverage
Medical Services performed and billed by a Physician or other Medical Provider			
Office visit and diagnostic copayment for dependent children		Deductible & Coinsurance	No Coverage
Office visit copayment, including Outpatient clinic visits		Deductible & Coinsurance	No Coverage
Specialist Office Visits		Deductible & Coinsurance	No Coverage
Maternity Pre-Postnatal Care		Deductible & Coinsurance	No Coverage
Annual Physical Check-up (Adult)		Covered in Full	No Coverage
Preventive Mammography and Pap Smear & Prostate Screening		Covered in Full	No Coverage
Chiropractic Care		Deductible & Coinsurance	No Coverage
Physical Therapy, Osteopathic Manipulation, Occupational Therapy	30 Visits Per Calendar Year	Deductible & Coinsurance	No Coverage
Speech Therapy	10 Visits Per Calendar Year	Deductible & Coinsurance	No Coverage
Outpatient Surgery	Office, Outpatient Hospital, Ambulatory Surgery Facility	Deductible & Coinsurance	No Coverage
Inpatient Surgery		Deductible & Coinsurance	No Coverage
DME:	PRECERT : YES; When the amt is > \$2000	Deductible & Coinsurance	No Coverage
Diagnostic Lab	Providers Office/ Free Standing Facility	Deductible & Coinsurance	No Coverage
Diagnostic Radiology	PRECERT : YES; Providers office/ Free Standing Facility	Deductible & Coinsurance	No Coverage
Well baby and Child Care			
Well baby and Well Child Care, including Immunizations		Covered in full	No Coverage
Emergency Coverage			
Emergency Room Care facility copay		Deductible & Coinsurance	In-network Deductible & Coinsurance
Inpatient Mental Health & Chemical Dependency			
Inpatient Mental Health	PRECERT : YES; 30 Days Per Calendar Year, No Limits for biologically based mental illnesses	Deductible & Coinsurance	No Coverage
Chemical Dependency: Detoxification	PRECERT : YES; 7 Days Per Calendar Year	Deductible & Coinsurance	No Coverage
Chemical Dependency: Rehabilitation	PRECERT : YES; 30 Days Per Calendar Year	Deductible & Coinsurance	No Coverage
Outpatient Mental Health & Chemical Dependency			
Outpatient Chemical Dependency	PRECERT : YES; 60 Visits Per Calendar Year, up to 20 Family Visits	Deductible & Coinsurance	No Coverage
Outpatient Mental Health	PRECERT : YES; 30 Visits Per Calendar Year, No Limits for biologically based mental illnesses	Deductible & Coinsurance	No Coverage
Vision			
Exam		No Coverage	No Coverage
Frames, Lenses, Contacts		No Coverage	No Coverage
Prescription Coverage			
Pharmacy Coverage			