

PO Box 2291, Durham, NC 27702-2291

1) Diagnostic Procedures/Tests

- a) Cost sharing will be applied for each service received from each facility each day.
- b) Medicare covered diagnostics:
- c) Service performed in PCP Office - \$0 copay
- d) Service performed in any other setting - \$25 copay (\$15 copay for the Choice Plan)
- e) Diagnostic colonoscopy: \$0 copay
- f) COVID related Diagnostic procedures/tests services - \$0 copay

2) Lab Services

- a) Cost sharing will be applied for each service received from each facility each day.
- b) Medicare covered lab services:
- c) Service performed in PCP Office - \$0 copay
- d) Service performed in any other setting - \$5 copay
- e) COVID related lab services - \$0 copay

3) Diagnostic Radiological Services

- a) Cost sharing will be applied for each service received from each facility each day.
- b) Outpatient Diagnostic Radiological Services Cost Sharing:
- c) Service Performed in PCP office - \$0 copay
- d) Service performed in any other settings:
- e) MRI - the lesser of 20% or \$150 copay
- f) CT - the lesser of 20% or \$150 copay
- g) PET - \$300
- h) All other Nuclear Medicine Radiological Services - the lesser of 20% coinsurance or a \$150 copay
- i) All other Diagnostic Radiology services - \$75 copay

4) Therapeutic Radiological Services

- a) Cost sharing will be applied for each service received from each facility each day.
- b) Outpatient Therapeutic Radiological Services Cost Sharing
- c) Service performed in PCP Office - \$0 copay
- d) Service performed in any other setting - the lesser of 20% coinsurance or a \$60 copay

5) X-Ray Services

- a) Cost sharing will be applied for each service received from each facility each day.
- b) Service performed in PCP Office - \$0 copay
- c) Service performed in any other setting - \$15 copay
- d) Mammography Services - \$0 copay