

Membership Options		*Member Maximum for Unreimbursed, Eligible Expenses Unrelated to an Incident (individual/family)
Option 1	\$1,000 (capped at 2 per family per year)	\$4,000 / \$8,000
Option 2	\$2,500 (capped at 2 per family per year)	
Option 3	\$4,000 (capped at 2 per family per year)	
Eligible Medical Expenses		
	Co-op Responsibility	Limits or Other Important Information
Acupuncture	100% after Member Maximum	Limited to 15 visits per year
Allergy Services - Office visit - Injections/Serum - Testing	100% after Member Maximum	
Ambulance	100% after incident Member Portion/Member Maximum	
Ambulatory Surgical Center/Hospital Outpatient Facility	100% after incident Member Portion/Member Maximum	
Birthing Center	100% after incident Member Portion/Member Maximum	
Chemotherapy	100% after incident Member Portion/Member Maximum	
Chiropractic Care	100% after incident Member Portion/Member Maximum	Limited to 35 visits up to \$7,500 per year
Dialysis Services	100% after incident Member Portion/Member Maximum	
Diagnostic Procedures Office & Outpatient - X-ray, Laboratory and Other Diagnostic Services - High Tech Radiology (including but not limited to MRI, CT/PET Scans)	100% after incident Member Portion/Member Maximum	
Durable Medical Equipment	100% after incident Member Portion/Member Maximum	Sleep Apnea: Sleep study expenses are eligible up to \$300/study, CPAP machines and equipment are subject to Member Maximum. Diabetic Supplies: subject to Member Maximum and limited to \$3,000 per calendar year. Breast Pumps: limited to \$300.

Emergency Room Services	100% after incident Member Portion/Member Maximum	
Extended Care/Skilled Nursing/Rehabilitation Facility	100% after incident Member Portion/Member Maximum	Limited to 90 days per incident
Hearing Aid	100% after Member Maximum	Children up to 18, limited to 1 hearing aid per ear every 36 months
Home Health Care	100% after incident Member Portion/Member Maximum	Limited to 30 days per incident
Hospice Care	100% after incident Member Portion/Member Maximum	Limited to 90 days
Hospital Inpatient - Room & Board - Ancillary Services - Well Newborn Nursery Care	100% after incident Member Portion/Member Maximum	
Hyperbaric Therapy	100% after incident Member Portion/Member Maximum	Limited to outpatient up to 35 sessions per incident
Infertility Treatment	100% after Member Maximum	Limited to \$3,000 per incident
Injections for Pain Management	100% after Member Maximum	Limited to \$3,000 per incident
Mental Health - Inpatient Hospital - Inpatient Hospital Physician Visit - Partial Hospitalization Program - Office Visit/Outpatient Therapy	100% after Member Maximum	Limited to \$6,000 per incident
Physician Services - Inpatient Hospital Visit - Well Newborn Physician and Circumcision - Office Visit- Primary Care - Office Visit- Specialist	100% after incident Member Portion/Member Maximum	
Pregnancy-Obstetrical Care - Preconception and Prenatal Care - Postnatal Care - Delivery	100% after incident Member Portion/Member Maximum	Member and Covered Dependents
Prescription Drug Benefit	100% after incident Member Portion/Member Maximum	When billed by a medical provider as part of a medical incident
Preventive and Wellness Care	N/A	N/A

Prosthetics, Orthotics, Supplies and Surgical Dressings	100% after incident Member Portion/Member Maximum	
Radiation Therapy	100% after incident Member Portion/Member Maximum	
Specialty Maintenance Medications	100% after member responsibility of \$2,500	Must be newly prescribed after membership start date, eligible for up to 12 months
Sterilization	100% after Member Maximum	
Substance Abuse - Inpatient Hospital - Inpatient Hospital Physician Visit - Partial Hospitalization Program - Office Visit/Outpatient Therapy	100% after Member Maximum	Limited to \$6,000 per incident
Surgical Services-Inpatient and Outpatient - Surgeon/Anesthesia Inpatient - Surgeon Outpatient - Anesthesia Outpatient - Surgeon Office/Primary - Surgeon Office/Specialist	100% after incident Member Portion/Member Maximum	
Therapy -Occupational/Physical/Speech	100% after incident Member Portion/Member Maximum	Limited per incident: OT, 35 visits to \$7,500; ST, 35 visits to \$3,000; PT, 35 visits to \$7,500
Urgent Care/Walk-In Center	100% after incident Member Portion/Member Maximum	
Weight Reduction Surgery	100% after incident Member Portion/Member Maximum	Limited to \$3,000 per incident
All Other Eligible Services	100% after incident Member Portion/Member Maximum	Eligibility for services not expressly listed is at the sole discretion of the Cooperative