

\*Member Maximum for Unreimbursed, Eligible Expenses Unrelated to an Incident (individual/family)

Membership Options	Per Incident Member Portion	*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		
Eligible Medical Expenses	Co-op Responsibility	Limits or Other Important Information
<b>Acupuncture</b>	100% after Member Maximum	Limited to 15 visits per year
<b>Allergy Services</b> - Office visit - Injections/Serum - Testing	100% after Member Maximum	
<b>Ambulance</b>	100% after incident Member Portion/Member Maximum	
<b>Ambulatory Surgical Center/Hospital Outpatient Facility</b>	100% after incident Member Portion/Member Maximum	
<b>Birthing Center</b>	100% after incident Member Portion/Member Maximum	
<b>Chemotherapy</b>	100% after incident Member Portion/Member Maximum	
<b>Chiropractic Care</b>	100% after incident Member Portion/Member Maximum	Limited to 35 visits up to \$7,500 per year
<b>Dialysis Services</b>	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	
<b>Durable Medical Equipment</b>	100% after incident Member Portion/Member Maximum	<b>Sleep Apnea:</b> Sleep study expenses are eligible up to \$300/study, CPAP machines and equipment are subject to Member Maximum. <b>Diabetic Supplies:</b> subject to Member Maximum and limited to \$3,000 per calendar year. <b>Breast Pumps:</b> limited to \$300.

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

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