

State Coverage Insurance Summary of Benefits and Cost Sharing Limits*

The benefit package is limited to \$100,000 in benefits payable per member per benefit year.

Premiums: Employers may pay \$75.00 per month/per employee depending on member income and employee pays \$0 - \$35 per month depending on income. Individual members (without an employer sponsor) may pay both the employer and employee premiums. Beginning 8/1/07, the State will assist eligible individuals who meet the 0-100% FPL income guideline with premium payments for the program.

Service	Co-Pay at 0% – 100% FPL	Co-Pay at 101% – 150% FPL	Co-Pay at 151% - 200% FPL
Physician/Provider Visits (no co-pay for preventive services-see below)	\$0	\$5	\$7
Pre/Post Natal Care	\$0	\$0	\$0
Preventive Services	\$0	\$0	\$0
Hospital Inpatient Medical/Surgical**	\$0/per admission	\$25/per admission	\$30/per admission
Hospital Inpatient Maternity**	\$0/per admission	\$25/per admission	\$30/per admission
Hospital Outpatient Surgery/Procedures	\$0	\$5	\$7
Home Health**	\$0	\$5	\$7
Physical Therapy, Occupational Therapy & Speech Therapy	\$0	\$5	\$7
Diagnostics (excluding routine lab and X-ray)	\$0 (included in office visit)	\$0 (included in office visit)	\$0 (included in office visit)
Durable Medical Equipment/Supplies	\$0	\$5	\$7
Diabetes Treatment Equipment and Supplies	\$3	\$3	\$3
Diabetes Management	\$0	\$5	\$7
Emergency Services	\$0	\$15 per visit, waived if admitted to a hospital within 24 hours	\$20 per visit, waived if admitted to a hospital within 24 hours
Urgent Care	\$0	\$5	\$7
Prescription Drugs: Generic	\$3 per prescription	\$3 per prescription	\$3 per prescription
Name Brand			
Behavioral Health and Substance Abuse: Outpatient office visit and outpatient substance abuse treatment	\$0	\$5	\$7
Inpatient behavioral health and inpatient detoxification	\$0	\$25	\$30
Limits on Out-of-Pocket Expenses	Out-of-pocket charges for all participants will be limited to 5 percent of countable family income per benefit year. Pharmacy out-of-pocket charges for all participants will be limited to four (4) prescriptions per month.		

* Subject to plan limitations and plan prior authorization requirements

** Inpatient hospitalization coverage is limited to 25 days per benefit year. This 25-day limitation is combined with home health services and inpatient physical health rehabilitation.