Welcome!

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Check Eligibility

Back to List View | Edit Search | New Search | Member Claim Status | Member Preauthorization Requests

Coverage & Copays

Printer-Friendly Version

Member Information

Member ID:
DOB:
Gender:
Relationship:

Member Address

Subscriber Information

Member ID:
DOB:

Primary Care Physician (PCP)

No PCP on file.
Provider ID:
Effective Date:

Coverage

Effective Date: 04/01/2007
Group: DIRECT PAY MONTHLY
Group #:
Product: HC2C CO OPTNS
Type: SINGLE
Member Since: 10/01/2006
Max Student Age: 25

Rx Copays

Generic	20%
Preferred	25%
Non-Preferred	50%
Specialty Pharmacy	$75

Please contact us for additional details on these benefits.

Office Visit Copays

Personal Physician	$20
Allergist/Dermatologist	$40
Chiropractic Medicine	$40
Mental Health Individual	$40
Mental Health Group	$40
Specialist	$40
Pediatric Preventive Care	$20
Routine Vision	$40
Urgi-Center	$75
Emergency Room	$200

Limits & Deductibles

Plan Deductible	2000 YEARLY
General Hospital Days	UNLIMITED
Mental Health Days	UNLIMITED
In-Network CoInsurance	20%
Maternity Deductible	Plan deductible may apply
Inpatient/Day Deductible	Plan deductible may apply
Inpatient/Year Deductible	Plan deductible may apply
Inpatient Admission Copay	Plan deductible may apply

Workers Compensation Coverage
Coverage Type: No Coverage

Family Deductible

Amount Met	$0.00
Amount Remaining	$4,000.00

Individual Deductible

Amount Met	$0.00
Amount Remaining	$2,000.00

Dental Coverage
Maximum Dental Student Age No Coverage