

PARTNER CLINIC PLAN - MEDICAL + PRESCRIPTION		
ONE MEDICAL PARTNER CLINIC SERVICES	SERVICES AT ONE MEDICAL ARE COVERED AT 100% WITH NO COPAY OR COINSURANCE REQUIRED FROM MEMBERS. THIS INCLUDES PRIMARY CARE, PREVENTIVE CARE, AND DIAGNOSTIC LAB & X-RAY	
	IN-NETWORK (NON-ONE MEDICAL)	OUT-OF-NETWORK
Annual Deductible	\$1,500 individual; \$3,000 family	
Annual out-of-pocket maximum	\$4,000 individual; \$8,000 family	\$7,000 individual; \$14,000 family
Primary provider office visits	\$25 copay then Plan pays 100%	Plan pays 60% after deductible
Specialist office visit	\$25 copay then the Plan pays 100%	Plan pays 60% after deductible
Outpatient mental health	Plan pays 100%	\$25 copay then Plan pays 100%*
Alternative care (chiropractic and acupuncture: 18 visits each, massage therapy: 24 visits each, per calendar year)	\$25 copay then Plan pays 100%	\$25 copay then Plan pays 100%*
Preventive care	Plan pays 100%	Plan pays 60% after deductible
Diagnostic lab and X-Ray (Minor Diagnostics)	Plan pays 100% Plan payment based on how provider bills, some diagnostics and x-rays may be billed to insurance as major diagnostics	Plan pays 60% after deductible
Complex Imaging (Major Diagnostics)	Plan pays 80% after deductible Mammograms - Plan pays 100% deductible waived Plan payment based on how provider bills, some major diagnostics are coded as surgery	Plan pays 60% after deductible
Urgent Care	\$25 copay then Plan pays 100%	\$25 copay then Plan pays 100%
Emergency Room Care	Emergency Room: \$200 copay (waived if admitted) Emergency Room Physicians: Plan pays 80% after deductible	
Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
PRESCRIPTION	OPTUM RX INSURANCE	
	PARTICIPATING RETAIL PHARMACY 30-DAY SUPPLY	PARTICIPATING MAIL ORDER & RETAIL PHARMACY 90-DAY SUPPLY
Preferred generic	\$2 copay	\$4 copay
Generic	\$10 copay	\$20 copay
Preferred brand	\$30 copay	\$60 copay
Non-preferred brand	\$50 copay	\$100 copay
Specialty pharmacy	Preferred Brand: \$100 copay Non-preferred brand and orphan tier: 25% deductible waived Use of the Specialty Pharmacy is mandatory for certain medication therapies	

*If you visit an out of network outpatient mental health or alternative care provider, you will not be subject to balance billing