

Access C3 Health: Summary of Common Medical Benefits

	Enhanced Plan (includes CHI Program)		Standard Plan	
	<i>In-Network</i>	<i>Out-of Network</i>	<i>In-Network</i>	<i>Out-of Network</i>
Preventative Care	No charge	50% coinsurance	No charge	50% coinsurance
Primary Care	\$10 co-pay	50% coinsurance	\$10 co-pay	50% coinsurance
Urgent Care	\$30 co-pay	50% coinsurance	\$40 co-pay	50% coinsurance
Outpatient Labs (some in-network lab services are fully covered)	25% coinsurance, \$300 maximum	50% coinsurance	30% coinsurance, \$400 maximum	50% coinsurance
X-ray, Ultrasound, Mammogram-outpatient	25% coinsurance, \$300 maximum	50% coinsurance	30% coinsurance, \$400 maximum	50% coinsurance
X-ray, Ultrasound, Mammogram-in provider's office	\$20 co-pay	50% coinsurance	\$30 co-pay	50% coinsurance
Emergency Department (emergent)	\$200 co-pay	\$200 co-pay	\$300 co-pay	\$300 co-pay
Ambulance (land)	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Supplies- Diabetic	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Supplies- Non-Diabetic	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Durable Medical (max \$500 per item)	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Formulary Medications, Under \$50	\$10 co-pay	50% coinsurance	\$15 co-pay	50% coinsurance
Formulary Medications, Over \$50	45% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Specialty Office	\$20 co-pay	50% coinsurance	\$30 co-pay	50% coinsurance
Specialist Procedure—in office	25% coinsurance, \$150 maximum	50% coinsurance	30% coinsurance, \$200 maximum	50% coinsurance
Outpatient Behavioral Health	\$20 copay	50% coinsurance	\$30 Copay	50% coinsurance
Inpatient Behavioral Health, including substance abuse	25% coinsurance, \$300 maximum	50% coinsurance	30% coinsurance, \$400 maximum	50% coinsurance
Inpatient Hospital	25% coinsurance, \$300 maximum	50% coinsurance	30% coinsurance, \$400 maximum	50% coinsurance
Outpatient Hospital services	25% coinsurance, \$300 maximum	50% coinsurance	30% coinsurance, \$400 maximum	50% coinsurance
PET Scan	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Apnea Testing	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Pain Services	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance

Refer to the Access C3 Health Member Handbook for a complete description of Plan benefits.

- No deductible
- In-network is the Clinically Integrated Network (CIN)
- Out-of-network services have a 50% coinsurance rate
- Enhanced members pay \$75 per month per adult or \$45 per month per child
- Basic members pay \$116 per month per adult or \$68 per month per child
- All members attend a New Member Orientation and obtain a Member Handbook, Member Card, and Program Overview