

Benefit Summary

Atlantic Dialysis EPO



Professional Services	EPO In-network benefits
PCP Office Visits	\$10 copay per visit
Specialist Office Visits	\$10 copay per visit
Diagnostic Service x-rays, lab tests and EKG's	Included in the PCP office visit copay
Inpatient Hospital Services*	EPO Inpatient Hospital
Semi-private room	100%
Hospital and Physician Services Operating and Recovery Room Intensive & Special Care Units General Nursing Care Prescribed Drugs Anesthesia X-rays & Lab Tests	100%
Short-term Speech, Physical, Cardiac, Occupational & Respiratory Therapy (when part of an acute admission)	(Short term only) 100%
Speech, Physical, Occupational & Respiratory therapy (when part of a rehabilitation admission)	30 days per calendar year 100%
Radiation Therapy & Chemotherapy	100%
Pre-admission Testing	100%
Human Organ Transplants	100%
Outpatient Facility Services	Participating Provider
Emergency Room Co-pay	\$50 copay per visit (waived if admitted)
Ambulatory surgery*	100%
Diagnostic & Therapeutic Services including MRIs, MRA's PET and CAT scans- Outpatient Hospital Facility services	100%
Renal Dialysis	\$20 copay per visit
Outpatient Medical Care	Participating Provider
Preventive Care Physical Exams Ear exams Eye exams Health education & counseling Pap Smear Mammography Prostate cancer screening	Included in the PCP or Specialist office visit copay
Well-Child Care (to age 19 including immunizations)	100%
Prenatal & Postnatal Care (in physician's office)	100%

Second Medical & Surgical Opinion	\$10 copay per visit
Mental Health, Alcohol & Substance Abuse Care**	Participating Provider
Mental Health Care	100%
Inpatient care	
Outpatient care	\$10 copay per visit;
Alcohol & Substance Abuse Care	100%
Inpatient detoxification	
Inpatient rehabilitation treatment	Not covered
Outpatient rehabilitation treatment	\$10 copay per visit
Special Kinds of Care	Participating Provider
Emergency & Urgent care	
Ambulance service to the hospital	Subject to the Emergency Room Copay
In urgent care facility	\$10 copay per visit
In physician's office	\$10 copay per visit
Home Health Care*	40 visits per calendar year \$10 copay per visit
Hospice Care*	210 days, lifetime maximum - 100%
Skilled Nursing Care*	30 days per calendar year 100%
Diabetes Equipment, Supplies & Education	\$25 copay per month
Outpatient Physical, Speech, Occupational & Respiratory Therapy	30 days per calendar year \$10 copay per visit
Durable Medical Equipment*	100%
Private Duty Nursing	Not covered
Hearing Aids	Not Covered
Prescription Drugs - InformedRx	Participating Pharmacy
Retail -up to 30 days - Generic incentive program applied, see notes	\$10 copay
Generic	\$30 copay
***Preferred Brand	\$50 copay
***Non-preferred Brand	
Mail Order - up to 90 days	\$10/\$60/\$100
Generic/Preferred Brand/Non Preferred Brand	