

Benefits	What You Pay With Gold Rx
Monthly Plan Premium	\$0
Maximum Out-of-Pocket	\$6,700
Primary Care Physician Visit	\$30 copayment
Specialist Visits	\$50 copayment
Inpatient Hospital Care	NO deductible Days 1-15: \$165 Days 16-90: \$0 Days 91-150: \$0 (Lifetime Reserve Days)
Emergency Care	\$65 copayment
Durable Medical Equipment (DME)	20% coinsurance in-network 40% coinsurance out-of-network
Prescription Drug Coverage (30-day supply):	
Generic	\$8
Preferred Brand	\$45
Non-Preferred Brand	\$95
Specialty	33%
Preventive Services	\$0 copayment
Diabetes:	
• Self-Monitoring	\$0 copayment
• Supplies	\$0 copayment
Routine Podiatry	\$0 copayment (up to 6 visits per year)
Transportation	\$0 copayment (10 one-way trips to plan-approved locations per year)
Vision Services:	
• Routine Eye Exam (1) per year	\$25 copayment
• Annual Glaucoma Screening	\$0 copayment
• Diagnosis and Treatment for diseases/conditions of the eye	\$50 copayment
• Contact lenses, eyeglasses (lenses and frames)	\$150 yearly allowance
Preventive Dental covers: Up to (1) of each of the following	\$10 copayment
• Office Visit (1) per year	
• Oral Exam (1) per year	
• Cleaning (1) per year	
• Dental x-rays (1) per year	

Cost sharing is the same in and out of network except for Home Health and Durable Medical Equipment.