



Schedule of Medical Benefits

Effective Date: January 1, 2015

AHMC Health requires you, the member, to choose a PCP (Primary Care Physician) from the AHMC Health directory and coordinate care through your PCP. Medical services are covered only when services are provided or coordinated by the AHMC Health PCP and authorized by the participating Medical Group or Independent Practice Association (IPA).

AHMC Health will cover services that are performed at one of the following hospitals: San Gabriel Valley Medical Center (SGVMC), Whittier Hospital Medical Center, Garfield Medical Center, Monterey Park Hospital, Greater El Monte Community Hospital, AHMC Anaheim Regional Medical Center, and Alhambra Hospital Medical Center.

For services that are NOT available at one of the above named hospitals, you will be referred to another facility within your Medical Group or IPA. For questions regarding your eligibility and coverage, please call Health Plan Member Services at 626-300-2841.

You are responsible to pay a portion of the cost for any services that are not covered at 100%. A "Copay" is an amount you or the Covered Person must pay and is usually paid to the provider at the time of service. A "Coinsurance" is a percentage amount that you will pay for medical services.

	AHMC Health
ANNUAL CALENDAR YEAR DEDUCTIBLE	
• Individual	\$0
• Family	\$0
ANNUAL OUT-OF-POCKET MAXIMUM ⁽¹⁾	
• Individual	\$6,600
• Family	\$13,200
MAXIMUM LIFETIME BENEFIT	
Unlimited	
Covered Services	For Services in the AHMC Health Network You Pay
INPATIENT FACILITY ⁽²⁾	
• Room and Board and miscellaneous charges	20% (waived at AHMC)
OUTPATIENT FACILITY ⁽²⁾	
• Hospital Services	20% (waived at AHMC)
EMERGENCY ROOM CARE	
• Copay	\$100 copay per visit (waived if admitted)
• Coinsurance	10% (waived at AHMC)
• Ambulance	20%
URGENT CARE	
	\$20 copay; then No Charge
AMBULATORY SURGICAL SERVICES ⁽²⁾	
• Facility Fee	20% (waived at AHMC)
• Professional Fee	No Charge
SKILLED NURSING FACILITY ⁽²⁾ (limited to 100 days/cal year)	
	No Charge
HOME HEALTH CARE (maximum 100 visits/cal year)	
	No Charge
HOSPICE CARE ⁽²⁾	
	No Charge
X-RAY	
	No Charge
LAB	
	No Charge
PHYSICIAN SERVICES	
• Office Visits	\$20 copay; then No Charge
• Specialist Office Visits	\$30 copay; then No Charge
• Hospital Visits	No Charge
• Hospital Based Physicians (including Anesthesiologist, Radiologist, ER, Pathologist)	No Charge

Covered Services	For Services in the AHMC Health Network You Pay	
PREVENTIVE CARE		
• Physical Exams & Periodic Routine Check-ups	No Charge	
• Mammograms	No Charge	
• Well Woman & Pap Smears	No Charge	
• Well Baby & Well Child Care (to Age 7)	No Charge	
• Hearing Exams	No Charge	
• Specified Immunizations	No Charge	
• Prostate Screening	No Charge	
• Colon Cancer Screenings	No Charge	
ALLERGY TESTING		
• Physician Office Visit	\$20 copay, then No Charge	
– Injections	No Charge	
– Testing	No Charge	
DURABLE MEDICAL EQUIPMENT	No Charge	
PHYSICAL ⁽²⁾, OCCUPATIONAL ⁽²⁾, CHIROPRACTIC ⁽²⁾, AND SPEECH THERAPY ⁽²⁾ (limited to 60 visits combined per occurrence)	\$20 copay (waived at AHMC)	
ACUPUNCTURE Office Visit (limited to 12 visits/cal year)	\$20 copay, then No Charge	
FAMILY PLANNING		
• Physician Office Visit	\$20 copay, then No Charge	
– Infertility Testing	No Charge	
– Infertility Treatment	Not Covered	
– Sterilization	No Charge	
– Intrauterine contraceptive devices	No Charge	
– Shots and implants for birth control	No Charge	
• Abortion (Medically Necessary)	No Charge	
MENTAL HEALTH ⁽²⁾		
• Inpatient Facility	No Charge	
• Outpatient Facility	No Charge	
• Inpatient Physician Visits	No Charge	
• Outpatient Physician Visits	\$20 copay, then No Charge	
SUBSTANCE ABUSE AND ALCOHOLISM ⁽²⁾		
• Inpatient Detoxification	No Charge	
• Inpatient Physician Visit	No Charge	
• Outpatient Physician Visit	\$20 copay, then No Charge	
Through Magellan Rx (800.711.4550)		
PRESCRIPTION DRUGS (Prime Formulary)	RETAIL (30 day supply)	MAIL ORDER (90 day supply)
• Deductible	\$100 per member	
• Generic	50%, \$10 max	50%, \$20 max
• Brand Preferred / Brand Formulary	45%, \$25 max	\$40 copay
• Brand Non-Preferred / Non-Formulary	Not Covered	Not Covered
• Specialty	Not Covered	Not Covered

(1) Any coinsurance or copay amount for services that are waived at AHMC does not apply towards the annual out-of-pocket maximum.

(2) Pre-certification required. Failure to comply could result in services being denied.

This information is a summary of benefits and is NOT an authorization for treatment or guarantee of coverage. All claims are subject to the benefit of the Plan and eligibility of the member at the time of service. Once the member is enrolled, a Summary Plan Description will be available, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.