



## COVERAGE INFORMATION

### Coverage Includes:

Primary Care Physician Office Visits                      \$5.00 Co-pay

Routine Physicals  
Health Examinations

Pharmacy/Prescription

Limited drug formulary  
Only prescriptions written by your Primary Care Physician  
are covered by the program – no specialist or  
Emergency Room prescriptions are covered  
\$5.00 co-pay for generic drugs  
\$10.00 co-pay for brand name drugs

Medical Supplies/DME

Medical supplies are not covered  
Only glucose monitors are covered as DME (ordered by your PCP)  
Supplies for the Glucometer are also obtained thru the pharmacy benefit

Lab & Xray

Lab services are covered only if ordered by the Primary Care Physician  
Some limited Xrays are covered (ordered by PCP) with a \$5.00 co-pay

Urgent Care Clinic

Covered at listed clinics only with a \$5.00 co-pay

### Non-Covered Services - Examples

Inpatient & Outpatient Hospital services, including professional fees  
Ambulance Services  
Dental  
Vision  
Specialist Care  
Speech, physical & occupational therapy

**(See Member Handbook for more details)**