

This program is restricted to certain legal immigrants.

It is offered exclusively through CeltiCare Health Plan of Massachusetts beginning October 1, 2009.

## Health Benefits and Copays

Benefit	Copay
<b>Outpatient care</b>	
Office visit to your primary care provider (PCP)	\$0
Office visit to a specialist	\$25
Radiology, imaging (x-rays), lab work	\$0
Outpatient surgery at a hospital or ambulatory surgery center	\$50
<b>Inpatient care</b>	
Hospital stay, may include surgery, x-rays, lab services, and room and board (copay is per stay)	\$250*
<b>Emergency care</b>	
Emergency room visit	\$100**
<b>Prescription drugs</b>	
30 day supply from a pharmacy	
• Generic drug	\$0
• Drug on your plan's preferred list	\$50
• Drug not on your plan's preferred list	\$50
Three month supply via mail	
• Generic drug	\$0
• Drug on your plan's preferred list	\$100
• Drug not on your plan's preferred list	\$100
<b>Alcohol, drug abuse and mental health care</b>	
Outpatient or office visit	\$25
Inpatient care (copay is per stay)	\$250*
Methadone maintenance (dosing, counseling, screens)	\$0
<b>Diabetes care</b>	
Office visit to PCP or podiatrist for routine foot care	\$10
Foot orthotics	\$0
<b>Rehabilitation services</b>	
Extended inpatient care (100 total days per year)	\$250*
• In a rehabilitation hospital or chronic disease hospital (copay is per stay)	
Physical therapy, speech or hearing therapy, pulmonary or occupational therapy (need plan approval for more than 20 visits)	\$25
Cardiac rehabilitation	\$0
Home health care	\$0
<b>Other benefits</b>	
Ambulance (emergency only)	\$0
Abortion	\$50
Prosthetics, oxygen and respiratory therapy equipment, other durable medical equipment	\$50
Wellness (family planning/nutrition/prenatal/nurse midwife)	\$0
24/7 Nurse triage Hotline	\$0
CentAccount Healthy Rewards Program***	\$0
<b>Maximum copays****</b>	
Maximum amount a member will need to pay for all prescriptions in a benefit year	No maximum
Maximum amount a member will need to pay for services excluding prescription drugs in a benefit year	\$1000

\*Copay waived if transferred from another inpatient unit.

\*\*Copay waived if admitted to an inpatient unit.

\*\*\*Members can earn up to \$150 in the benefit year for participating in healthy behaviors that include getting an annual wellness visit or completing a health risk assessment. Funds may be used toward copays or other healthcare related expenses.

\*\*\*\*The benefit year ends on June 30, 2010