

## **MCHFtoo**

## TABLE OF CONTENTS

- Your Out-of-Pocket Maximum Preventive Services
- 5 Culinary Health Centers
- 6 In-Network Doctor Office Services (Part 1 of 2)
- 7 In-Network Doctor Office Services (Part 2 of 2)
- 8 Prescriptions
- 9 Therapy at an Outpatient Free-Standing Facility (Not at a hospital)
- 10 Free-Standing Facility Services (Not at a hospital)
- 11 Outpatient Services in a Hospital
- 12 Emergency Room vs. Urgent Care
- Ambulance
  Ambulatory Surgery Center
  In-network Hospital (inpatient)
- Breast Care at a Free-Standing Facility Mental Health & Addictions
- 15 Other Services (Part 1 of 2)
- Other Services (Part 2 of 2)
- 17 Vision Benefits

This booklet shows the copayments for in-network benefits.

The information in this Copay Book is based on the Plan Document. However, in the event of a conflict between the Copay Book and the Plan Document, the Plan Document will govern.

### Your Out-of-Pocket Maximum

The maximum yearly amount you pay out of your pocket for your copays and coinsurance is **\$6,350** per person or **\$12,700** per family. This includes in-network medical copays/coinsurance and prescription copays/excludes dental copays.

Preventive Services									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
Immunizations for adults (Age appropriate) & children (Birth to 18 yrs. old)					For a complete list of				
Well Baby/Child Exams (Newborn through 21 yrs. old)		No coinsurance	100% of allowable charges	maximum	preventive services covered by the Affordable Care Act please visit https:// uspreventiveservicestaskforce. org/uspstf/recommendation- topics/uspstf-a-and-b-				
Annual Physical Exams									
Nutritional Counseling									
Osteoporosis Screening (Women age 60 and older)	\$0								
Mammography					recommendations				
Women's Well Check					You can also contact the Customer Service Office at <b>702-733-9938</b> if you have				
Colonoscopy & Sigmoidoscopy (Adult ages 45 to age 75)	1								
Preventive Prescriptions as recommended by the USPSTF					any questions.				

Culinary Health Centers										
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information					
Primary Doctor Pediatrician Culinary Pharmacy Mental Health Counseling Chiropractic Care Acupuncture Physical Therapy Lab Radiology	\$0	No coinsurance	100% of allowable charges	No maximum	You, your spouse and your adult dependent children are required to only use a Culinary Health Center for your primary doctor. If your spouse or your adult dependent child have their own insurance, they should follow the rules of that plan. Please call the Advocacy Line at 702-691-5665 with questions.  Culinary Health Center locations:  Culinary Health Center - Nellis 650 N. Nellis Blvd. Las Vegas, NV 89110					
Dental Care	Same copays as a dentist in the network. Refer to Dental Book for more info.	comsulation	after copay	benefit	702-790-8000  Culinary Health Center - Durango 6350 S. Durango Dr. Las Vegas, NV 89113					
Eye Care	\$20 copay for eye exams				702-790-8000  Culinary Health Center - Craig 960 W. Craig Rd. North Las Vegas, NV 89032 702-790-8000					

In-Network Doctor Office Services (Part 1 of 2)									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
Pediatrician - primary doctor for dependent children under the age of 19	\$25	No coinsurance	100% of allowable charges after copay	No maximum benefit	Dependent children under the age of 19 have the option of choosing a primary Pediatrician at a Culinary Health Center or another PPO Pediatrician.  Service is available at Culinary Health Centers for \$0 copay. Call 702-790-8000 for more info.				
Specialist	\$40	No coinsurance	100% of allowable charges after copay						
Inpatient Services Injection IV Treatment Pulmonary Treatment Pulmonary Test	\$0	No coinsurance	100% of allowable charges	No maximum benefit	No other information.				
Chiropractor	\$15	No coinsurance	100% of allowable charges after copay	No maximum benefit	Contact CACP at 702-365-5981 for Providers.  Service is available at Culinary Health Centers for \$0 copay. Call 702-790-8000 for more info.				
X-Ray/Ultrasound	\$30				Copay applies only in select				
Radiology-PET/PET CT	\$225 per visit				doctors' offices.  Some services require				
Radiology-CT/MRA/MRI	\$125 per visit	No coinsurance	100% of allowable charges after copay	No maximum benefit	prior authorization.  Service is available at Culinary Health Centers for \$0 copay. Call 702-790-8000 for more info.				

In-Network Doctor Office Services (Part 2 of 2)									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
Urgent Care	\$50	No coinsurance	100% of allowable charges after copay	No maximum benefit	No other information.				
Lab	\$0	No coinsurance	100% of allowable charges after copay	No maximum benefit	Some services require prior authorization.  Service is available at Culinary Health Centers for \$0 copay. Call 702-790-8000 for more info.				
Ophthalmologist	\$20	No coinsurance	100% of allowable charges after copay	No maximum benefit	Lenses and frames are covered under the vision benefits.				
Chemotherapy Radiation Therapy	\$0	No coinsurance	100% of allowable charges	No maximum benefit	Services need to be provided at Comprehensive Cancer Centers of Nevada.				
Hearing & Speech Exam Allergy Testing Allergy Immunotherapy Surgery in the doctor's office Nerve conduction studies Dialysis Management All other doctor office procedures	\$0	No coinsurance	100% of allowable charges	No maximum benefit	No other information.				
Sleep Study performed in a doctor's office	\$125/ procedure	No coinsurance	100% of allowable charges after copay						
Acupuncture performed in a doctor's office	\$15 per visit	No coinsurance	100% of allowable charges after copay	Limited to 12 visits per calendar year; for pain management of certain conditions	For a list of conditions and PPO providers, please call Customer Service at 702-733-9938.  Service is available at Culinary Health Centers for \$0 copay with no visit limit. Call 702-790-8000 for more info.				

	Prescriptions									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information					
Culinary Pharmacy (Generic medications only)	\$0	No coinsurance	100%	No maximum benefit	Contact the Culinary Pharmacy at the following locations:  Culinary Health Fund - St. Louis Square  702-650-4417  1945 S. Las Vegas Blvd. Las Vegas, NV 89104  Culinary Health Center - Nellis  702-963-9400  650 N. Nellis Blvd. Las Vegas, NV 89110  Culinary Health Center - Durango  725-223-2100  6350 S. Durango Dr. Las Vegas, NV 89113  Culinary Health Center - Craig  725-332-6464  960 W. Craig Rd. North Las Vegas, NV 89032  Tip: You can save money by asking your doctor for a generic medication.					
Tier 1 Generic medications	\$10		100%	No	Tier 1, 2 & 3 medications available at retail pharmacies. For a complete list of retail pharmacies included in the					
Tier 2 Formulary	\$20	No coinsurance	after copay	er maximum		maximum	network, contact OptumRx at 1-866-611-5960.  Quantity limits, prior authorization requirements and			
Tier 3 Non-Formulary	\$35		. ,		other cost-containment programs may apply.					
Specialty Drugs	\$0	25% of allowable charges	75% of allowable charges	No maximum benefit	Prior authorization is required.					
Mail Order	\$10, \$20, or \$35	No coinsurance	100% after copay	No maximum benefit	With one copay, you can get a <b>60-day</b> supply.  To sign up, please call OptumRX Home Delivery at <b>866-611-5960</b> .					

Therapy at an Outpatient Free-Standing Facility (Not at a hospital)									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
Physical Therapy	\$0	No coinsurance	100% of allowable charges	No maximum benefit	Patient must have a referral from a doctor.  Service is available at Culinary Health Centers for \$0 copay. Call 702-790-8000 for more info.				
Occupational or Speech Therapy (age 18 or older)	\$20	No coinsurance	100% of allowable charges after copay	Annual limit of 30 visits per therapy type	The stated limits will not apply to physical, occupational, and speech				
Occupational or Speech Therapy (under age 18)	\$10	No coinsurance	100% of allowable charges after copay	Annual limit of 80 visits per therapy type	therapy that is primarily for the treatment of Mental Health/Substance Abuse Disorder.				
Applied Behavior Analysis (ABA) Therapy	\$10 per day of treatment	No coinsurance	100% of allowable charges after copay	No maximum benefit	Therapy must be medically necessary.  Prior authorization required.  Therapy must be ordered by a provider operating within the scope of his or her state license.				

Free-Standing Facility Services (Not at a hospital)									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
					Some services require prior authorization.				
Lab	\$0	. No	100% of allowable	No maximum	Tip: CPL is the only lab you can use.				
	ų,	coinsurance	charges	benefit	Service is available at Culinary Health Centers for \$0 copay. Call 702-790-8000 for more info.				
X-Ray/Ultrasound	\$20				Some services require				
CT Scan, MRI, MRA	\$125				prior authorization.				
PET	\$175				Tip: Steinberg Diagnostic Medical				
Interventional Radiology Services (procedures	\$150	No coinsurance	100% of allowable charges after copay	No maximum benefit	Imaging, SimonMed Imaging, and Pueblo Medical Imaging are the only free-standing radiology facilities you can use.				
done under anesthesia that are image-based)					Service is available at Culinary Health Centers for <b>\$0 copay</b> . Call <b>702-790-8000</b> for more info.				
Dialysis	\$0	No coinsurance	100% of allowable charges	No					
Sleep Study	\$125	No coinsurance	100% of allowable charges after copay	maximum benefit	Some services require prior authorization.				
Cardiac/Pulmonary Rehabilitation	\$30	No coinsurance	100% of allowable charges after copay	30 visits each year					
Diagnostic Colonoscopy (for eligible persons until age 75)	\$0	No coinsurance	100% of allowable charges	No maximum benefit	No other information.				

Outpatient Services in a Hospital									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
Lab for Hospital Based preoperative or diagnostic services only	\$15				Some services require prior authorization.				
X-Ray/Ultrasound	\$45				Tip: If your doctor				
MRI, MRA, CAT Scan	\$125				refers you to a hospital				
PET and combined PET/CT	\$225	No	100% of allowable	No maximum	to have these tests, ask				
Interventional Radiology and Diagnostic Radiology Services only performed in a hospital outpatient setting (procedures done under anesthesia that are image-based)	\$250	coinsurance	charges after copay	benefit	your doctor to send you to Steinberg Diagnostic Medical Imaging, SimonMed Imaging, Pueblo Medical Imaging,or CPL.				
Dialysis	\$0	No coinsurance	100% of allowable charges	No maximum benefit	No other information.				
Physical Therapy (after discharge from inpatient hospital admission)			100% of allowable	30 visits per therapy type each year	The stated limits will not apply to physical, occupational, and speech therapy that is primarily for the treatment of Mental Health/Substance Abuse Disorder.				
Occupational or Speech Therapy (after discharge from inpatient hospital admission)	\$30	No coinsurance	charges after copay						
Cardio/Pulmonary Rehab (after discharge from inpatient hospital admission)	\$40	No coinsurance	100% of allowable charges after copay	30 visits each year					
Outpatient Surgery	\$250	No coinsurance	100% of allowable charges after copay						
Diabetes Education	\$0	No coinsurance	100% of allowable charges		Some services require prior				
Sleep Study	\$0	25% of allowable charges		No maximum benefit	m authorization.				
All other outpatient hospital services	\$0	25% of allowable charges (Not to exceed \$250 per day)	75% of allowable charges						

Emergency Room vs. Urgent Care									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
Emergency Room in a PPO hospital	\$350 per visit	No coinsurance	100% of allowable charges after copay, including all other covered ER services, as well as lab and X-ray	No maximum benefit	<b>Tip:</b> Please go to the Urgent Care for non-life threatening issues. Take a look at the Provider Directory for 24/7 Urgent Care locations.				
Emergency Room in a Non-PPO hospital in the Las Vegas geographic area	For an Emergency - \$350 per visit	No coinsurance	100% of the Fund's median contracted rates for PPO hospitals in the Las Vegas geographic area	No maximum benefit	No coverage for non-emergency care in a Non-PPO emergency room in the Las Vegas geographic area.				
Emergency Room in a Non-PPO hospital outside of the Las Vegas geographic area	\$350 per visit	No coinsurance	100% of the Fund's median contracted rates for PPO hospitals in the Las Vegas geographic area	No maximum benefit	No other information.				
Urgent Care	\$50 per visit	No coinsurance	100% of allowable charges after copay	No maximum benefit	Copay includes all covered services related to the visit. No coverage for services at Non-PPO Urgent Care in the Las Vegas geographic area.				

Ambulance									
Services	Copay per Visit	Plan Pays	Maximum Benefit	Other Information					
Ground	\$0	25%	75%	No					
Air	\$500 per person per incident	No coinsurance	100% after copay	maximum benefit	No other information.				

Ambulatory Surgery Center									
Services Copay per Visit Coinsurance Plan Pays Maximum Benefit Other Information									
Surgery	\$150	No coinsurance	100% of allowable charges after copay	No maximum benefit	Prior authorization is required.				

In-Network Hospital (inpatient)										
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information					
Inpatient Stay	\$250	No	100% of allowable	No maximum						
Obstetrics	φ250	coinsurance	charges after copay	benefit	Some services require prior					
Skilled Nursing Facility	\$250	No	100% of allowable	60 days/cal.	authorization.					
Inpatient Rehabilitation	φ230	coinsurance	charges after copay	yr.	Tip: Call the Customer Service Office at 702-733-9938 to make sure your hospital is in our					
23 hr observation	\$250	No	100% of allowable							
25 III Observation	Ψ230	coinsurance	charges after copay	No maximum						
Surgery/Anesthesia	\$0	No	100% of allowable	benefit	Network.					
	ΨΟ	coinsurance	charges							

Breast Care at a Free-Standing Facility							
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information		
Preventive (annual mammogram)	\$0	No coinsurance	100% of allowable charges	No maximum benefit			
Diagnostic Mammogram	\$20	No			Tip: Steinberg Diagnostic Medical		
Breast Ultrasound	\$20						
Breast MRI	\$125				Imaging, SimonMed Imaging, and Pueblo Medical Imaging are		
Needle-guided breast biopsy under ultrasound	\$20		100% of allowable	No maximum	the only free-standing radiology facilities you can use.		
Needle-guided breast biopsy under ultrasound when performed in a doctor's office	\$30	coinsurance	charges after copay	benefit			
Needle-guided breast biopsy under CT Scan	\$125						

Mental Health and Addictions							
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information		
Outpatient Therapy	No copay for the first 5 EAP visits per issue/\$15 copay after	No coinsurance	100% of allowable charges after copay	No maximum benefit	Some services require prior		
Inpatient	\$250 per admission				authorization.		
Residential Treatment	Ψ250 per aumission				Call Harmony Healthcare at <b>702-251-8000</b> for additional information.		
Partial Hospital Admission	\$150 per treatment plan						
Intensive Outpatient Program	\$0						

Other Services (Part 1 of 2)						
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information	
Home Health Care	\$0	No coinsurance	100% of allowable charges	Maximum benefit of 60 days per calendar year	Prior authorization is required.	
Home Infusion Therapy	\$0	No coinsurance	100% of allowable charges	No maximum benefit		
Hospice	\$0	No coinsurance	100% of allowable charges	No maximum benefit		
Diabetic Shoes	\$55 per pair	No coinsurance	100% of allowable charges after copay	2 pair per calendar year	No other information	
Mastectomy Bras	\$12 per item	No coinsurance	100% of allowable charges after copay	\$350 per calendar year	No other information.	
Diabetic Supplies	\$0	No coinsurance	100% of allowable charges	No maximum benefit		
Hearing Aids	\$0	No coinsurance	\$2,000 per lifetime	\$2,000 per lifetime	Hearing aid benefit is not per ear.	
Compression Stockings	\$22 per pair	No coinsurance	100% of allowable charges after copay	3 pair per calendar year	Custom-made compression stockings require prior authorization.	
Orthotic Shoe Inserts	\$10 per pair	No coinsurance	100% of allowable charges after copay	1 pair or 2 inserts every 3 years	They must be prescribed by a PPO doctor, PPO podiatrist, PPO orthopedic doctor or a PPO orthotic provider.  You can get changes to your shoe inserts (called orthotic refurbishments) with no copay. You can do this anytime during the 3-year benefit period.	
Durable Medical Equipment & Medical Supplies	\$0	10% of allowable charges	90% of allowable charges	No maximum benefit	Prior authorization is required for items over \$500.	

Other Services (Part 2 of 2)							
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information		
Enteral Nutrition	\$0	10% of allowable charges for supplies, including but not limited to, pumps and tubing	90% of allowable charges for supplies, including but not limited to, pumps and tubing  The Plan pays 100% for formula and medical food	No maximum benefit	Prior authorization is required.		
Prosthetic & Orthotic Appliances	\$0	10% of allowable charges	90% of allowable charges				
Glasses following cataract surgery	\$0	No coinsurance	\$300 per lifetime	\$300 per lifetime	<b>Tip:</b> If you have surgery on both eyes, wait until both surgeries are performed before using this benefit.		

Vision Benefits  EyeMed						
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information	
Vision Exam	\$20	No coinsurance	100% after copay	Adult - every calendar year  Children under 19 - twice every calendar year	No other information.	
Frames	\$0	No coinsurance	Up to \$300 allowance (20% off balance over \$300)  PLUS Provider up to \$350 allowance (20% off balance over \$350)	Every two calendar years		
Lenses (instead of contacts)	\$25 for single vision, bifocal, trifocal, and lenticular lenses	No coinsurance	100% after copay	Every calendar year	\$80 - \$200 copay for progressive lenses.	
Elective Contact Lenses (instead of glasses)	\$0	No coinsurance	Up to \$300 allowance (15% off balance over \$300; does not apply to disposable contacts)	Every calendar year	Up to \$40 for standard contact lens fitting. 10% of retail price for premium contact lens fitting.  Contact lens fit and two follow-up visits available, after eye exam is completed.	

# **MCHFtoo**

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