

**2022 Schedule of Benefits & Coverage Matrix:****\$0 Cost Share HMO AI-AN**

Emergency room physician fee No charge

Note: Emergency room fees do not apply if admitted directly to the hospital as an inpatient for Covered Services.

Ambulance Services Your Cost Share

Ambulance Services 0% coinsurance per trip

Prescription Drug Coverage Your Cost Share

Covered outpatient items in accord with our drug formulary guidelines:

Tier 1 At a Plan Pharmacy or our mail order service 0% coinsurance for up to a 30-day supply

Tier 2 At a Plan Pharmacy or our mail order service 0% coinsurance for up to a 30-day supply

Tier 3 At a Plan Pharmacy or our mail order service 0% coinsurance for up to a 30-day supply

Tier 4 Items at a Plan Pharmacy 0% coinsurance for up to a 30-day supply

Drug Tiers	Categories
1	<ul style="list-style-type: none"> •Most generic drugs and •Low cost preferred brands
2	<ul style="list-style-type: none"> •Non-preferred generic drugs; •Preferred brand name drugs; and •Any other drugs recommended by plan's pharmaceutical, and therapeutics (P&T) committee based on drug safety, efficacy and cost.
3	<ul style="list-style-type: none"> •Non-preferred brand name drugs or; •Drugs that are recommended by P&T committee based on drug safety, efficacy, and cost or; •Generally, have a preferred and often less costly therapeutic alternative at a lower tier.
4	<ul style="list-style-type: none"> •Drugs that are biologics and drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through to specialty pharmacies; •Drugs that requires the enrollee to have special training or, clinical monitoring; • Drugs that cost the health plan (net of rebates) more than six hundred dollars (\$600) net of rebates for a one-month supply.

Note: Member's cost-sharing will be the lower of the pharmacy's retail price for a prescription drug or the applicable cost-sharing amount for the drug and such expenditures will accrue to the deductible and out-of-pocket maximum limit.

Mental/Behavioral Health (MH) Services Your Cost Share**Inpatient:**

MH psychiatric hospitalization fee	0% coinsurance per admission
MH psychiatric physician/surgeon fee	0% coinsurance per admission
MH psychiatric observation	Included in psychiatric hospitalization fee
MH psychological testing	Included in psychiatric hospitalization fee
MH individual and group treatment	Included in psychiatric hospitalization fee
MH individual and group evaluation	Included in psychiatric hospitalization fee
MH crisis residential program	0% coinsurance per admission

Outpatient:

MH office visits	0% coinsurance
MH monitoring of drug therapy	0% coinsurance
MH individual and group treatment	0% coinsurance
MH individual and group evaluation	0% coinsurance

Outpatient, Other Items and Services:

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Applied behavior analysis and behavioral health treatment	0% coinsurance
MH multidisciplinary treatment in an intensive outpatient psychiatric treatment program	0% coinsurance
Neuropsychological testing	0% coinsurance
MH partial hospitalization	0% coinsurance
MH psychological testing	0% coinsurance

Note: Telehealth are covered benefits. Your cost-share for telehealth services shall not exceed the cost-share charged for the same services delivered in-person.

Chemical Dependency (Substance Use Disorder) Services	Your Cost Share
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Inpatient:

Chemical dependency hospitalization fee	0% coinsurance per admission
Chemical dependency physician/surgeon fee	0% coinsurance per admission
Inpatient detoxification	Included in hospitalization fee
Individual and group treatment	Included in hospitalization fee
Individual and group chemical dependency counseling	Included in hospitalization fee
Individual and group evaluation	Included in hospitalization fee
Transitional residential recovery services	0% coinsurance per admission

Outpatient:

Chemical dependency office visits	0% coinsurance
Chemical dependency individual and group evaluation	0% coinsurance
Chemical dependency individual and group counseling	0% coinsurance
Methadone Maintenance	0% coinsurance

Outpatient, Other Items and Services:

Chemical dependency intensive outpatient programs	0% coinsurance
Chemical dependency day treatment programs	0% coinsurance

Note: Telehealth are covered benefits. Your cost-share for telehealth services shall not exceed the cost-share charged for the same services delivered in-person.

Durable Medical Equipment (DME)	Your Cost Share
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DME items that are essential health benefits	0% coinsurance
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Home Health Services	Your Cost Share
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Home health care (up to 100 visits per calendar year)	0% coinsurance per visit
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Other	Your Cost Share
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Eyeglasses or contact lenses for Members under age 19:	
Eyeglass frame from selected styles per calendar year	No charge
Standard contact lenses per calendar	No charge
Regular eyeglasses lenses per calendar year	No charge

Note: Limited to one pair of glasses per year (contact lenses in lieu of glasses).

Skilled Nursing Facility care (up to 100 days per benefit period)	0% coinsurance
Hospice care	No charge

Dental Services

For associated cost-sharing such as oral exam, preventive cleaning, medically necessary orthodontics, etc. please see Liberty Dentals schedule of benefits with the appropriate cost-amounts.

Notes:

- * Other Practitioner Office Visits include visits not provided by either Primary Care or Specialty Practitioners.
- ** Outpatient Visit includes but not limited to the following types of outpatient visits: outpatient chemotherapy, outpatient radiation, outpatient infusion therapy and outpatient dialysis and similar outpatient services.



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An Alaskan Native or American Indian enrolled in Covered California who is, “furnished an item or service directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under Contract Health Services.”

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of- pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the "Benefits and Cost Share", "Limitations & Exclusions", and "Payment & Reimbursement Responsibility" sections in your EOC.