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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		preventive services covered by the Affordable Care Act please visit https:// uspreventiveservicestaskforce. org/uspstf/recommendation- topics/uspstf-a-and-b-					
Annual Physical Exams				No maximum benefit						
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 702-733-9938 if you have any					
Colonoscopy & Sigmoidoscopy (Adult ages 45 to age 75)										
Preventive Prescriptions as recommended by the USPSTF					questions.					

Culinary Health Centers										
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information					
Primary Doctor										
Pediatrician					Culinami Haalib Cantan laastiana					
Culinary Pharmacy					Culinary Health Center locations: Culinary Health Center - Nellis					
Mental Health Counseling	\$0				650 N. Nellis Blvd. Las Vegas, NV 89110					
Chiropractic Care			100% of allowable	No	702-790-8000 Culinary Health Center - Durango					
Acupuncture										
Physical Therapy		. No	charges	maximum						
Lab		Colosiirance	Las Vegas, NV 89113							
Radiology			copay		702-790-8000					
Dental Care	Same copays as a dentist in the network. Refer to Dental Book for more info.				Culinary Health Center - Craig 960 W. Craig Rd. North Las Vegas, NV 89032 702-790-8000					
Eye Care	\$20 copay for eye exams									

In-Network Doctor Office Services (Part 1 of 2)									
Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information				
Primary Doctor	\$25	No coinsurance	100% of allowable charges after copay	No maximum benefit	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.				
Urgent Care	\$50	No coinsurance	100% of allowable charges after copay	No maximum benefit	No other information.				
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.				
Ophthalmologist	\$20	No coinsurance	100% of allowable charges after copay	No maximum benefit	Lenses and frames are covered under the vision benefits.				

In-Network Doctor Office Services (Part 2 of 2)									
Services Copay per Visit Plan Pay		Plan Pays	Maximum Benefit	Other Information					
Lab	\$0	No coinsurance	100% of allowable charges	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.				
Chemotherapy	\$0	No	100% of allowable	No maximum	Services need to be provided at Comprehensive Cancer				
Radiation Therapy	ΨΟ	coinsurance	charges	benefit	Centers of Nevada.				
Hearing & Speech Exam					No other information.				
Allergy Testing			100% of allowable nce charges	No maximum benefit					
Allergy Immunotherapy									
Surgery in the doctor's office	\$0	No coinsurance							
Nerve conduction studies		Comsulance							
Dialysis Management									
All other doctor office procedures									
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	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	No	100%	No	Tier 1, 2 & 3 medications available at retail pharmacies. For a complete list of retail pharmacies included in the network,				
Tier 2 Formulary	\$20	No coinsurance	after copay	maximum benefit	contact OptumRx at 1-866-611-5960.				
Tier 3 Non-Formulary	\$35				Quantity limits, prior authorization requirements and 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 60-day supply. To sign up, please call OptumRx Home Delivery at 866-611-5960 or visit culinaryhealthfund.org/prescriptions-by-mail/.				

TI	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 benefit	Tip: CPL is the only lab you can use.				
Lab	ΨΟ	coinsurance	charges		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 done under anesthesia that are image-based)	\$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. Service is available at Culinary Health Centers for				
,					\$0 copay. Call 702-790-8000 for more info.				
Dialysis	\$0	No coinsurance	100% of allowable charges	No maximum					
Sleep Study	\$125	No coinsurance	100% of allowable charges after copay		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)		No coinsurance	100% of allowable charges after copay	30 visits per	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			therapy type each year					
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	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	Tip: 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	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	\$250	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 Network.					
23 hr observation	\$250	No	100% of allowable							
20 III ODSCIVATION	Ψ230	coinsurance	charges after copay	No maximum						
Surgery/Anesthesia	\$0	No coinsurance	100% of allowable charges	benefit						

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			
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Diagnostic Mammogram	\$20				Tip: Steinberg Diagnostic Medical		
Breast Ultrasound	\$20	No					
Breast MRI	\$125				Imaging, SimonMed Imaging, and Pueblo Medical Imaging are		
Needle-guided breast biopsy under ultrasound	\$20		100% of allowable charges after copay	No maximum benefit	the only free-standing radiology facilities you can use.		
Needle-guided breast biopsy under ultrasound when performed in a doctor's office	\$30	coinsurance					
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 authorization. Call Harmony Healthcare at 702-251-8000 for additional information.		
Inpatient	\$250 per admission						
Residential Treatment	Ψ200 μοι ααιπιοσίοπ						
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	Tip: 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 lenses. 10% of retail price for premium contact lenses. Contact lens fit and two follow-up visits available, after eye exam is completed.	





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