CO-PAYMENT BOOK

Culinary Health Fund™

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702-733-9938
www.culinaryhealthfund.org

Revised April 2019 (Replaces Co-Payment Book dated February 2019)

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.**

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The maximum yearly amount you have to pay out of your pocket for your co-pays and coinsurance is **$6,350** per person or **$12,700** per family. (Includes in-network medical copays/coinsurance and prescription copays/excludes dental copays)						
Culinary Health Center	Primary Doctor	$0	No coinsurance	100% of allowable charges	No maximum benefit	The Culinary Health Center is located at: **650 North Nellis Blvd. Las Vegas, NV 89110 702-790-8000**
	Pediatrician					
	Urgent Care					
	Culinary Pharmacy					
	Dental Care	Same copays as a dentist in the network. Refer to Dental Book for more info.				
	Eye Care	$10 copay for eye exams				
Preventive Services	Immunizations for adults (Age appropriate) & children (Birth to age 18 yrs. old)	$0	No coinsurance	100% of allowable charges	No maximum benefit	For a complete list of preventive services covered by the Affordable Care Act please visit **http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/** You can also contact the Customer Service Office at **702-733-9938** if you have any questions.
	Well Baby/Child Exams (Newborn through 21 yrs. old)					
	Annual Physical Exams					
	Nutritional Counseling					
	Osteoporosis Screening (Women age 60 and older)					
	Mammography (Women age 35 and older)					
	Women's well check					
	Colonoscopy & Sigmoidoscopy (Adult ages 45 to age 75)					
	Preventive Prescriptions as recommended by the USPSTF					

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Doctor Office Services	Primary Doctor	$15	No coinsurance	100% of allowable charges after copay	No maximum benefit	No other information.
	Specialist	$30				
	In-Patient	$0	No coinsurance	100% of allowable charges		
	Injection					
	IV Treatment					
	Pulmonary Treatment					
	Pulmonary Test					
	Chiropractor	$25	No coinsurance	100% of allowable charges after copay	No maximum benefit	Contact CACP at 702-365-5981 for Providers.
	Urgent Care	$40	No coinsurance	100% of allowable charges after copay	No maximum benefit	**Tip: Want to save money? Call Dr. Tomorrow at 702-691-5656 and get an appointment with a doctor the same day or within 24 hours.**
	X-Ray/Ultrasound	$30	No coinsurance	100% of allowable charges after copay	No maximum benefit	Copay applies only in select doctors' offices. Some services require prior authorization.
	Radiology-PET/PET CT	$225 per visit				
	Radiology-CT/MRA/MRI	$125 per visit				
	Lab	$0	No coinsurance	100% of allowable charges	No maximum benefit	Some services require prior authorization.
	Ophthalmologist/ Optometrist (Vision Exam)	$20	No coinsurance	100% of allowable charges after copay	No maximum benefit	Lenses and frames are covered under the vision category.
	Chemotherapy	$0	No coinsurance	100% of allowable charges	No maximum benefit	Services need to be provided at Comprehensive Cancer Centers of Nevada.
	Radiation Therapy					
	Hearing & Speech Exam	$0	No coinsurance	100% of allowable charges	No maximum benefit	No other information.
	Allergy Testing					
	Allergy Immunotherapy					
	Surgery in the doctor's office					
	Nerve conduction studies					
	Dialysis Management					
	All other doctor office procedures					

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Doctor Office Services (continued)	Sleep Study performed in a doctor's office	$125/ procedure	No coinsurance	100% of allowable charges after copay	No maximum benefit	No other information.
	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.
Prescriptions	Culinary Pharmacy (Generic medications only)	$0	No coinsurance	100%	No maximum benefit	**Tip: you can save money by asking your doctor for a generic medication** Contact the Culinary Pharmacy at the Culinary Health Fund at 702-650-4417. For the Culinary Pharmacy at the Culinary Health Center call 702-963-9400.
	Tier 1 Generic medications	$10	No coinsurance	100% after copay	No maximum benefit	Tier 1, 2 & 3 medications available at retail pharmacies. For a complete list of retail pharmacies included in the network, contact **OptumRx at 1-866-611-5960.** **Quantity limits, prior authorization requirements and other cost-containment programs may apply.**
	Tier 2 Formulary	$20				
	Tier 3 Non-Formulary	$35				
	Specialty Exception Prescriptions	$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.

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Ambulatory Surgery Center	Surgery	$150	No coinsurance	100% of allowable charges after copay	No maximum benefit	Prior authorization is required.
Therapy at an Outpatient Free Standing Facility (Not at a hospital)	Physical Therapy	$0	No coinsurance	100% of allowable charges	No maximum benefit for non-surgical physical therapy 30 visits per event for post-surgical physical therapy	Patient must have a referral from a doctor.
	Occupational and Speech Therapy	$20	No coinsurance	100% of allowable charges after copay	Limited to 30 visits per therapy type per year for individuals age 18 and older Limited to 60 visits per therapy type per year for individuals under the age of 18	No other information.
	Applied Behavior Analysis (ABA) Therapy	$10 per day of treatment, regardless of the number of hours of treatment or the number of ABA therapy providers that see the eligible dependent during the day	No coinsurance	100% of allowable charges after copay	No maximum benefit	Benefit is available for eligible dependents who are at least 2 years old and younger than 6 years old, have a valid diagnosis of autism spectrum disorder (ASD) and have a prorated mental age (PMA) of at least 11 months. Prior authorization required. Services must be provided by a PPO provider.

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Free-Standing Facility Services (Not at a hospital)	Lab	$0	No coinsurance	100% of allowable charges	No maximum benefit	**Tip: CPL is the only lab you can use.** Some services require prior authorization.
	X-Ray/Ultrasound	$20	No coinsurance	100% of allowable charges after copay	No maximum benefit	**Tip: Desert Radiology is the only free-standing radiology facility you can use.** Some services require prior authorization.
	CT Scan, MRI, MRA	$125				
	PET	$175				
	Interventional Radiology Services (procedures done under anesthesia that are image-based)	$150	No coinsurance	100% of allowable charges after copay	No maximum benefit	
	Dialysis	$0	No coinsurance	100% of allowable charges	No maximum benefit	Some services require prior authorization.
	Sleep Study	$125	No coinsurance	100% of allowable charges after copay		
	Cardiac/Pulmonary Rehabilitation	$30	No coinsurance	100% of allowable charges after copay	30 visits each year	
	Preventive Mammogram	$0	No coinsurance	100% of allowable charges	No maximum benefit	**Tip: Desert Radiology is the only free-standing radiology facility you can use.** There is a $60 fee for 3D mammograms. This fee is subject to change. Please call Desert Radiology to confirm your fee.
	Diagnostic Colonoscopy (for eligible persons until age 75)	$0	No coinsurance	100% of allowable charges	No maximum benefit	No other information.

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Outpatient Services in a Hospital	Lab for Hospital Based preoperative or diagnostic services only	$15	No coinsurance	100% of allowable charges after copay	No maximum benefit	Some services require prior authorization. **Tip: If your doctor refers you to a hospital to have these tests, ask your doctor to send you to Desert Radiology or CPL.**
	X-Ray/Ultrasound	$45				
	MRI, MRA, CT Scan	$125				
	PET and combined PET/CT	$225				
	Interventional Radiology and Diagnostic Radiology Services only performed in a hospital outpatient setting (procedures done under anesthesia that are image-based)	$250				
	Dialysis	$0	No coinsurance	100% of allowable charges	No maximum benefit	No other information.
	Physical Therapy (after discharge from inpatient hospital admission)	$30	No coinsurance	100% of allowable charges after copay	30 visits per event each year	
	Occupational & Speech Therapy (after discharge from inpatient hospital admission)	$30	No coinsurance	100% of allowable charges after copay	Maximum of 30 visits (per 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	Some services require prior authorization.
	Outpatient Surgery	$250	No coinsurance	100% of allowable charges after copay	No maximum benefit	
	Diabetes Ed.	$0	No coinsurance	100% of allowable charges		
	Sleep Study	$0	25%	75% of allowable charges		
	All other outpatient hospital services	$0	25% (Not to exceed $250 per day)			

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Ambulance	Ground	$0	25%	75%	No maximum benefit	No other information.
	Air	$500 per person per incident	No coinsurance	100% after copay		
Emergency Room vs. Urgent Care	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 geographical 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 geographical area	No maximum benefit	No other information
	Urgent Care at the Culinary Health Center	$0 per visit	No coinsurance	100% of allowable charges	No maximum benefit	Urgent Care at the Culinary Health Center is open 24 hours a day, 7 days a week
	Urgent Care	$40 per visit	No coinsurance	100% of allowable charges after copay	No maximum benefit	**Tip: Want to save money? Call Dr. Tomorrow at 702-691-5656 and get an appointment with a doctor the same day or within 24 hours.** Copay includes all covered services related to the visit. No coverage for services at Non-PPO Urgent Care in the Las Vegas geographic area.

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In-Network Hospital (in-patient)	Inpatient Stay	$250	No coinsurance	100% of allowable charges after copay	No maximum benefit	Some services require prior authorization. **Tip: Call the Customer Service Office at 702-733-9938 to make sure your hospital is in our Network.**
	Obstetrics					
	Skilled Nursing Facility	$250	No coinsurance	100% of allowable charges after copay	60 days/cal. yr.	
	Inpatient Rehabilitation					
	23 hr observation	$250	No coinsurance	100% of allowable charges after copay	No maximum benefit	
	Surgery/Anesthesia	$0	No coinsurance	100% of allowable charges		
Breast Care at a Free-Standing Facility	Preventive (annual mammogram)	$0	No coinsurance	100% of allowable charges	No maximum benefit	**Tip: Desert Radiology is the only free-standing radiology facility you can use.** There is a $60 fee for 3D mammograms. This fee is subject to change. Please call Desert Readiology to confirm your fee.
	Mammogram-Additional Views					
	Diagnostic Mammogram	$20	No coinsurance	100% of allowable charges after copay	No maximum benefit	
	Breast Ultrasound	$20				
	Breast MRI	$125				
	Needle-guided breast biopsy under ultrasound	$20				
	Needle-guided breast biopsy under ultrasound when performed in a doctor's office	$30				
	Needle-guided breast biopsy under CT Scan	$125				

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Mental Health and Addictions	Outpatient Therapy	No copay for the first 5 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				
	Residential Treatment					
	Partial Hospital Admission	$150				
	Intensive Outpatient Program	$0				
Other Services	Home Healthcare	$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	No other information
	Diabetic Shoes	$55 per pair	No coinsurance	100% of allowable charges after copay	2 pair per calendar year	
	Mastectomy Bras	$12 per item	No coinsurance	100% of allowable charges after copay	$350 per calendar year	
	Diabetic Supplies	$0	No coinsurance	100% of allowable charges	No maximum benefit	
	Hearing Aids	$0	No coinsurance	$300 every 5 years	$300 every 5 years	

Type of Care	Services	Copay per Visit	Coinsurance	Plan Pays	Maximum Benefit	Other Information
Other Services (continued)	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 any time for 3 years.
	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.
	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	No maximum benefit	Some services require prior authorization.
	Glasses & Contact Lenses	$0	No coinsurance	$150 every two years	$150 every two years	Your eye exam is covered under your doctor office services benefit. Eligible dependents under age 19 get: • $150 for frames and contact lenses during any 24 month (2 year) period • One pair of basic eyeglass lenses (not including upgrades or optional add-ons) during any 24 month (2 year) period
	Glasses following cataract surgery	$0	No coinsurance	$150	$150 per lifetime	**Tip: If you have surgery on both eyes, wait until both surgeries are performed before using this benefit.**

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