4950 SW 8th Street
Coral Gables, Florida 33134
(305) 648-4015

PREMIER PLAN B – ADULT ONLY
SUMMARY OF BENEFITS AND COPAYMENTS

OUTPATIENT SERVICES	CO-PAYMENTS PLAN B
Primary Care Physician Services	$10 per visit**
Specialist Physician Services	$10 per visit
Sub-Specialist Physician Services	$50 per visit
Surgical Services	No Charge
Treatment rooms and all appropriate equipment	No Charge
Application, changes, removal of dressings, splints, plaster cast and removal of sutures	No Charge
Medical supplies for use at Provider's Office/Facility	No Charge
Laboratory examinations and services	No Charge**
Periodic physical examinations	No Charge**
Affordable Care Act Required Preventive Services	No Charge**
Health Education	No Charge**
Immunizations	No Charge**
Allergy testing	$50 per visit
Allergy Visits & Immunotherapy	$10 per visit
Podiatry services	$10 per visit
Chiropractic Services	$10 per visit
Routine Vision and Hearing Examinations	$0 per visit**
Therapeutic and Diagnostic Services	*Co-payment
Major Procedures and Surgeries	*Co-payment
INPATIENT HOSPITAL SERVICES	
Semi-private room, board, nursing care, and meals	No Charge
Intensive, critical, special and coronary care units	*Copayment
Operating, treatment and recovery rooms	No Charge
Application, change and, removal of dressings, splints, plaster casts and removal of sutures	No Charge
Drugs, medicine, intravenous injections and solutions prescribed by attending Physician for use in the hospital	No Charge
Medical supplies for use in the hospital	No Charge
Oxygen and its administration	No Charge
Laboratory examinations, electrocardiograms and inhalation therapy	No Charge
MATERNITY AND NEWBORN SERVICES	Not Covered
URGENT SERVICES AND CARE, after regular office hours	$40 per visit
EMERGENCY SERVICES AND CARE, and Hospital Stays initiated through the emergency room, including emergency ambulance services	$100 per Emergency plus 25 percent of charges above $100
PRESCRIPTIONS	
Generic Prescription Drugs except non-generic, non-prescriptions and contraceptives	$10/$15/$20/$30 or 50% per prescription at contracted pharmacies
OPTIONAL RIDERS AVAILABLE	
Coverage for Eyeglasses	$10 Co-payment
Dental	See Dental Brochure

*The sum of all co-payments will not exceed $5,000 per member per calendar year, except these limits are not applicable to co-payments for Emergency Services and Care and other services outlined in Attachment A. Total dollar annual limit will not exceed $1,250,000 per member per policy year for essential benefits. This is not a contract. All services must be pre-authorized by the Health Plan, except for emergency care. For specific benefits, exclusions, co-payments and limitations, see the appropriate Medical and Hospitals Services Contract offered by Preferred Medical Plan, Inc., 4950 SW 8th Street, Coral Gables, FL 33134. Above benefits are based on FORM NO. PMP HOSP-1-NB-DADE (10/10), ATT-A-NB-DADE (10/10) et.al. Prices subject to change. You may contact PMP at (305) 648-4015, if you have questions.** Under the Affordable Care Act, certain preventive services will be covered without you having to pay a copayment or coinsurance. Please refer to Form No. PMP-HOSP-1-ATT-A-NB-DADE (10/10) for details.