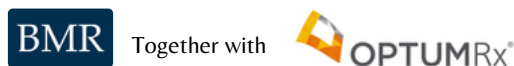


Routine Care Benefits	In Network Outpatient Services (per visit or procedure)	Out of Network Outpatient Services
Preventative Care Visit (Adult Periodic Wellness Exams, Well-Baby, and Child Preventative Care)	100% Covered - \$0 Co-Pay	Not Covered
Primary Care (PCP) Office Visits	\$30 Co-Pay	Not Covered
Routine Specialty Care Office Visit Cardiologist, OBGYN & Dermatology	\$70 Co-Pay	Not Covered
Tele-Med 24/7 Non-emergency Medical Issues	\$29 Co-Pay	Not Covered
Tele-Health 7 a.m to 10 p.m Treatment for; Depression, Addiction, Anxiety, Grief, Stress, and more	\$69 Co-Pay	Not Covered
Lab Outpatient Services	\$20 Co-pay + 50% Co-Insurance	Not Covered
X-Ray & Diagnostic Imaging	\$20 Co-pay + 50% Co-Insurance Up to \$150 per visit. 3 Visits per calendar year	Not Covered
Urgent Care	\$50 Co-Pay + 65% Co-Insurance Up to \$150 per visit. 3 Visits per calendar year	Not Covered
Emergency Room	Not Covered	Not Covered
Advanced Imaging (MRI, CT, Pet Scan, Stress Test, Ultrasound)	Not Covered	Not Covered

Hospitalization Benefits	In Network Inpatient Hospital Care	Out of Network Inpatient in Hospital Care
Inpatient Hospitalization	Not Covered	Not Covered
Inpatient Surgery	Not Covered	Not Covered
Anesthesia in or out patient	Not Covered	Not Covered
Intensive Care	Not Covered	Not Covered
Outpatient Surgery	Not Covered	Not Covered



*Prescription Benefits	Prescription Drugs Benefit - 30 Supply	Prescription Drugs Benefit
Generic - Tier I	\$2 - \$14 (80% of drugs are less than \$10)	Not Covered
Preferred Brand - Tier II	\$50 - \$100 (80% of drugs are less than \$100)	Not Covered
Non-Preferred Brand - Tier III	BMRs Exclusive Negotiated Discount	Not Covered

*Call BMR to Pre-Shop. For more information visit www.bmr-inc.com or call member support at: (866) 718-2375