Bert Nash Community Mental Health Center

HDHP Summary of benefits - medical

06/01/2026

Covered services	In-network providers	Out-of-network providers
Calendar year deductible Per person Family	 $5,000 $10,000	 $10,000 $20,000
Maximum out-of-pocket expense per calendar year Per person Family	 $6,350 $12,700	 $12,700 $25,400
Prescriptions (Optum RX)	Tier 1 $15/ Tier 2 $50/ Tier 3 $75 after deductible	
Primary care physician (PCP) office visits	100% after deductible	80% after deductible
Specialist office visits	100% after deductible	80% after deductible
Physician office services	100% after deductible	80% after deductible
Urgent care visit	100% after deductible	80% after deductible
Emergency room (ER)	100%; after in-network deductible	
Ambulance	100%; after in-network deductible	
Durable medical equipment	100% after deductible	80% after deductible
Outpatient diagnostic X-ray and lab work	100% after deductible	80% after deductible
Outpatient hospital services	100% after deductible	80% after deductible
Inpatient hospital services	100% after deductible	80% after deductible
Physical therapy	100% after deductible	80% after deductible
Speech, hearing and occupational therapy	100% after deductible	80% after deductible
Preventive/routine exams	100%; deductible waived	80% after deductible
Immunizations	100%; deductible waived	80% after deductible
Preventive/routine diagnostic lab and X-rays	100%; deductible waived	80% after deductible
Mammograms	100%; deductible waived	80% after deductible
Preventive/routine pap smear	100%; deductible waived	80% after deductible
Preventive/routine prostate cancer screening	100%; deductible waived	80% after deductible
Preventive/routine colonoscopy, sigmoidoscopy and other similar procedures	100%; deductible waived	80% after deductible
Preventive/routine hearing exams	100%; deductible waived	80% after deductible
Women’s preventive health care	100%; deductible waived	80% after deductible

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