



Your Medical Benefits

Medical Insurance.

One way your Bethpage Federal Credit Union helps look after the health and welfare of you and your family is with comprehensive and flexible Medical Insurance. Your plans give you access to one of the country's largest provider networks, and you won't have to worry about referrals.

Coverage	Standard		In-Network Only Plan
	In-Network	Out-of-Network	
Annual Deductible			
Individual	\$500	\$1,000	\$1,500
Family	\$1,000	\$3,000	\$3,000
Out-of-Pocket Maximum (excludes deductible)			
Individual	\$3,000	\$7,000	\$3,000
Family	\$6,000	\$14,000	\$6,000
Physician's Office Visits			
Primary Care	\$20	60%*	\$25
Specialists	\$40	60%*	\$40
X-rays, lab work, etc.	85%*	60%*	Subject to deductible
Well-Child Care			
Office Visits	100%	60%*	100%
Immunizations	100%	60%*	100%
Adult Preventative Care			
Routine physicals	100%	60%*	100%
GYN exams	100%	60%*	100%
Prostate exams	100%	60%*	100%
Mammograms	100%	60%*	100%
Hospital Care			
Pre-admission testing	85%*	60%*	Deductible applies
Inpatient treatment	85%*	60%*	Deductible applies
Outpatient Facility and Physician Services			
Outpatient Surgery	85%*	60%*	Deductible applies
Ambulance service	85%*	90%*	Deductible applies
Emergency room services	\$150	\$150	\$300
Retail Drugs (30 Day Supply)			
Generic	\$10	\$10**	\$10
Preferred brand	\$35	\$35**	\$35
Nonpreferred brand	\$50	\$50**	\$50
Mail Order Drugs (90 Day Supply)			
Generic	\$20	Not Covered	\$20
Preferred brand	\$70	Not Covered	\$70
Nonpreferred	\$100	Not Covered	\$100
Behavioral Health			
Inpatient	85%*	60%*	Deductible applies
Outpatient	\$20	60%*	\$25
Physical, Speech and Occupational Therapies			
Office Visits	\$40	60%*	\$40

*After deductible. **Plus the cost difference between the participating pharmacy and non-network pharmacy.
For a complete list of covered services, please refer to your "Summary Plan Description" or your "Summary of Benefits Coverage (SBC)."