Deductible: Per benefit period. If the provider is in network, it is $500 per member and $1000 per family.

Coinsurance: If the provider is in network, there's no member coinsurance.

Out of pocket maximum or oopm: if the provider is in network, $8550 per member and $17100 per family. This includes deductible, copayments and coinsurance for medical including ER, prescription drug, pediatric dental, and pediatric vision for in-network providers only.

Virtual care: if provider is in network $5 copayment per visit. This is delivered via the VirtualCare platform.

Doctor office visits : if provider is in network it's $25 copayment per visit . This is performed by a family practitioner, general practitioner, internist, pediatrician network retail clinic or in-person

Specialist office visits : if provider is in network it is $55 copayment per visit . Please note virtual care is not covered if out of network. This is for in person, telehealth of via VirtualCare platform

Urgent care services: all visits are a $75 copayment per visit

Emergency room: all visits are $350 copayment per visit after deductible. if you are admitted copayment is waived

Pediatric and adult preventive care: If provider is in network there's no charge and the deductible is waived.

Screening gynecological exam and pap smear: If provider is in network there's no charge and the deductible is waived. If provider is out of network it is 50% coinsurance and the deductible is waived. You get one per benefit period

Screening mammogram: If provider is in network there's no charge and the deductible is waived. You get one per benefit period

Inpatient hospital room and board: If provider is in network there's no charge.

Acute inpatient rehabilitation: If provider is in network there's no charge. You get 60 days per benefit period

Skilled nursing facility: If provider is in network there's no charge. You get 120 days per benefit period

Maternity services and newborn care: If provider is in network there's no charge.

Surgical procedure and anesthesia: If provider is in network there's no charge. These are the professional charges.

Outpatient surgery at ambulatory surgical center ASC: Provider is in network there is a $350 copayment after deductible. This is only the facility charge.

Outpatient surgery at acute care hospital : If the provider is in network there's a $350 copayment after deductible. This is only the facility charge.

High tech imaging MRI, CT, PET: If the provider is in network there's $125 copayment after deductible. Any other radiology service has no charge in net work and out of network has a 50% coinsurance.

Radiology: If the provider is in network there's no charge.

Independent laboratory: If the provider is in network there's $25 copayment per visit.

Facility-owned laboratory: If the provider is in network there's $55 copayment after deductible.

Diagnostic mammogram: If the provider is in network there's no charge.

Physical Therapy and Occupational Therapy: If the provider is in network it is a $55 copayment per visit . You get 30 rehabilitative and 30 habilitative visits combined per benefit period

Speech Therapy rehabilitative and habilitative: If the provider is in network it is a $55 copayment per visit . You get 30 visits per benefit period

Respiratory/Pulmonary Therapy: If the provider is in network it is a $55 copayment per visit . You get 36 visits per benefit period

Manipulation Therapy: If the provider is in network it is a $55 copayment per visit . You get 20 visits per benefit period

Acupuncture: If the provider is in network it is a $55 copayment per visit . You get 15 visits per benefit period

Mental health inpatient services: If the provider is in network there is no charge .

Mental health outpatient services: If the provider is in network it is a $55 copayment per visit .

Substance Use disorder services detoxification inpatient: If the provider is in network there is no charge .

Substance Use disorder services rehabilitation outpatient: If the provider is in network it is a $55 copayment per visit .

Home healthcare services: If the provider is in network there is no charge . You get 60 visits per benefit period

Durable medical equipment and supplies: If the provider is in network there is no charge .

Prosthetic appliances: If the provider is in network there is no charge .

Orthotic devices: If the provider is in network there is no charge .

Prescription drug generic preferred: In a retail pharmacy it's a $7.00 copayment and for home delivery it's a $14.00 copayment.

Prescription drug generic nonpreferred: In a retail pharmacy it's a $25.00 copayment and for home delivery it's a $50.00 copayment.

Prescription drug brand preferred: In a retail pharmacy it's a $55.00 copayment and for home delivery it's a $110.00 copayment.

Prescription drug brand nonpreferred: In a retail pharmacy it's a $80.00 copayment and for home delivery it's a $160.00 copayment.

Contraceptives generic: In a retail pharmacy and home delivery there is no charge.

Contraceptives brand preferred: In a retail pharmacy it's a $55.00 copayment after deductible and for home delivery it's a $110.00 copayment after deductible.

Contraceptives brand nonpreferred: In a retail pharmacy it's a $80.00 copayment after deductible and for home delivery it's a $160.00 copayment after deductible.

Pediatric vision exam: If the provider is in network there is no charge .

Pediatric eyeglass lenses: If the provider is in network Single, Bi-focal, Tri-focal, and Polycarbonate are covered in full .

Pediatric Contact lenses: If the provider is in network Balance of retail charge less 25% after $75 allowance . Payment will be made for either lenses or contact lenses within a benefit period. Payment will not be made for both.

Pediatric standard frames: If the provider is in network there is no charge .

Pediatric dental deductible: If the provider is in network it is $50 per person.

Pediatric dental preventive services: If the provider is in network there is no charge.

Pediatric dental basic services: If the provider is in network there is 20% coinsurance after deductible

Pediatric dental major services: If the provider is in network there is 50% coinsurance after deductible

Pediatric dental orthodontia: If the provider is in network there is 50% coinsurance after deductible. Please note this is only for medically necessary work.

Frames and contact lens allowances at Walmart® Vision Centers may vary from any allowances indicated above.