

Medical 785-825-7251

Dental 785-826-9017 Pharmacy 785-452-3900

Eye Care 785-823-3937

## **Discount Program Benefit Summary**

Medical Service	Level B Costs	Level C Costs	Level D Costs	Level E Costs
Standard Office Visit: visit, labs,	\$35 per visit	\$55 per visit	\$80 per visit	\$105 per visit
send out labs, x-ray/EKG,	*Plus full cost of device/	*Plus full cost of device/	*Plus full cost of device/	*Plus full cost of device/
procedures, behavioral health	medication if not provided	medication if not provided	medication if not provided	medication if not provided
medication management, &				
testing performed at the time of				
visit.				
Lab Only	\$25	\$30	\$35	\$40
X-Ray or EKG Appointment	\$25	\$30	\$35	\$40
OB Care	\$200 – includes all prenatal	\$400 includes all prenatal	\$600 includes all prenatal	\$800 – includes prenatal
	office visits plus OB panel.	office visits plus OB panel.	office visits plus OB panel.	office visits plus OB panel.
	All other lab tests are	All other lab tests are	All other lab tests are	All other lab tests are
	charged at the \$25 fee.	charged at the \$30 fee.	charged at the \$35 fee.	charged at the \$40 fee.
	Delivery not covered.	Delivery not covered.	Delivery not covered.	Delivery not covered.
	Patient must apply with the	Patient must apply with	Patient must apply with	Patient must apply with
	Midland Group at the	the Midland Group at the	the Midland Group at the	the Midland Group at the
	hospital to cover charges.	hospital to cover charges.	hospital to cover charges.	hospital to cover charges.
Hospital Care	\$50 per day	\$65 per day	\$90 per day	\$115 per day
Behavioral health medication	\$35	\$55	\$80	\$105
management & psychological				
testing				
Vaccines	Full cost of vaccine if over	Full cost of vaccine if over	Full cost of vaccine if over	Full cost of vaccine if over
	18 years old	18 years old	18 years old	18 years old
Medicine/Injections	Full cost of medicine if not	Full cost of medicine if not	Full cost of medicine if not	Full cost of medicine if not
	provided plus visit charge	provided plus visit charge	provided plus visit charge	provided plus visit charge
Nurse Visit	\$5 per visit	\$8 per visit	\$10 per visit	\$12 per visit
Behavioral Health, Chronic Care	\$5 per visit	\$8 per visit	\$10 per visit	\$12 per visit
Management, Clinical Pharmacist,				
Diabetic Education				

<sup>\*</sup>Other charges may apply (i.e. vaccines, DME, drugs/medication, implantable contraception, other visits/services on the same day, etc.)

<sup>\*</sup> Lab and radiology ordered during the visit but not completed at the time of the visit (i.e. patient not able to provide sample, fasting labs, etc.) will be charged separately if not provided by another program/agency.

Iron Infusion	\$100	\$115	\$140	\$165
Dental Service	Level B Costs	Level C Costs	Level D Costs	Level E Costs
Regular Office Visit – Routine Services, including testing/imaging	\$35 per visit	30% of full cost per visit	60% of full cost per visit	75% of full cost per visit
performed at the time of the visit				
*Treatments planned during visit				
but not completed then will be				
charged separately				
Major Services	\$35 for nitrous oxide	70% of full charge	72.5% of full charge	75% of full charge
	administration, \$70- \$1,095	*All major services must	*All major services must	*All major services must
	for other major services.	be paid in full before	be paid in full before	be paid in full before
	*All major services must be	treatment begins	treatment begins	treatment begins
	paid in full before			
	treatment begins			
Vision Services – Payment due at	Level B Costs	Level C Costs	Level D Costs	Level E Costs
time of service				
Standard Office visit – exam, RX,	\$35 per visit	\$55 per visit	\$80 per visit	\$105 per visit
and fitting as well as testing				
performed at the time of the visit.				
Testing	\$25	\$30	\$35	\$40
Lenses	Single vision \$40	Single vision \$50	Single vision \$60	Single vision \$70
	Bifocal \$55	Bifocal \$67	Bifocal \$79	Bifocal \$91
	Trifocal \$70	Trifocal \$85	Trifocal \$100	Trifocal \$115
	Lens Treatments 15%	Lens Treatments 12%	Lens Treatments 10%	Lens Treatments 8%
	discount per add-on	discount per add-on	discount per add-on	discount per add-on
	Contact Lenses 5% discount	Contact Lenses 5%	Contact Lenses 5%	Contact Lenses 5%
		discount	discount	discount
Frames	Retail price up to \$150 –	Retail price up to \$150 –	Retail price up to \$150 –	Retail price up to \$150 –
* Prices do not include cost of	\$45 flat fee	\$45 flat fee	\$45 flat fee	\$45 flat fee
lenses and add-on treatments	Retail price over \$150 –	Retail price over \$150 –	Retail price over \$150 –	Retail price over \$150 –
	\$30 discount	\$30 discount	\$30 discount	\$30 discount

Please call our billing office if you have questions about any service. Prices are subject to change. Effective 7/1/22.