

PLAN FEATURES

	<i>IN-NETWORK MEMBER IS RESPONSIBLE FOR:</i>	<i>OUT-OF-NETWORK MEMBER IS RESPONSIBLE FOR:</i>	
DEDUCTIBLE Options Family = 3 x Individual	\$1000, \$1500, \$2000, \$2500, \$3500, \$5000, \$7500, or \$10,000	2 x	
Out of Pocket Maximum Options plus deductible Family = 2x Individual	\$2500, \$3000, \$4000, \$5000, or \$10,000*	2.5x*	
ESSENTIAL BENEFITS MAXIMUM	\$2,000,000 per year		
LIFETIME MAXIMUM	Unlimited		
ACCIDENT BENEFIT- \$1000 first dollar benefit per person per year	\$0 - No Member Cost Share	\$0 - No Member Cost Share	
PREVENTIVE HEALTH BENEFIT - services mandated by PHSA Section 2713	\$0 - No Member Cost Share	30%, 40%, or 50% ²	
PHYSICIAN OFFICE VISIT - includes all services billed through office	\$30 unlimited visits (eVisits - \$10)	30%, 40%, or 50% ²	
INPATIENT HOSPITALIZATION	0 %, 10%, 20%, or 30%	30%, 40%, or 50% ²	
OUTPATIENT HOSPITAL SERVICES	0 %, 10%, 20%, or 30%	30%, 40%, or 50% ²	
URGENT CARE SERVICES	\$75 copay	30%, 40%, or 50% ²	
EMERGENCY ROOM SERVICES	0 %, 10%, 20%, or 30%	0%, 10%, 20%, or 30% ²	
AMBULANCE	0 %, 10%, 20%, or 30%	0%, 10%, 20%, or 30% ²	
IMMUNIZATIONS - as mandated by PHSA Section 2713	\$0 per immunization	30%, 40%, or 50% ²	
DIAGNOSTIC X-RAY, LAB, ECHO, EKG, EEG, PATHOLOGY	0 %, 10%, 20%, or 30%	30%, 40%, or 50% ²	
HOME HEALTH, HOSPICE, SKILLED NURSING SERVICES	0 %, 10%, 20%, or 30%	30%, 40%, or 50% ²	
DURABLE MEDICAL EQUIPMENT	0 %, 10%, 20%, or 30%	30%, 40%, or 50% ²	
DISPOSABLE MEDICAL SUPPLIES	0 %, 10%, 20%, or 30%	30%, 40%, or 50% ²	
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES	Copay same as for Physician Services	30%, 40%, or 50% ²	
CHIROPRACTIC SERVICES	Copay same as for Physician Services	30%, 40%, or 50% ²	
PRESCRIPTION DRUG BENEFITS	<u>Retail</u>	<u>Mail</u>	
TIER 1 - MOST GENERICS¹ 30 day supply	\$10 copay	\$ 5 copay	30%, 40%, or 50% ²
PHARMACY DEDUCTIBLE Options - Applies to Tiers 2, 3, & 4 only	\$0, \$100, \$250, \$500, \$1000, or \$2000		
TIER 2 - PREFERRED BRAND NAME 30 day supply	\$35 copay	\$25 copay	30%, 40%, or 50% ²
TIER 3 - NON-PREFERRED BRAND NAME 30 day supply	\$75 copay	\$50 copay	30%, 40%, or 50% ²
TIER 4 - SPECIALTY 30 day supply	\$100 copay	N/A	N/A
SMOKING CESSATION BENEFIT - certain prescription drugs	\$0 - No Member Cost Share	Not covered	

¹ Generics could fall into any tier. Please consult the formulary. Mail order available on maintenance medications only for 90 days supply.

² All Out-of-Network charges are subject to Usual and Customary charge reductions. 0% In-Network coinsurance plans will incur 30% coinsurance when providers are used. 10% plans will incur 40% coinsurance out-of-network. 20% & 30% coinsurance plans will incur 50% coinsurance out-of-network.

* 100% plans have \$0 out-of-pocket maximum for In-Network services; out-of-pocket maximum for Out-of-Network services is \$6,250.

This is only a brief summary of benefits, which is not intended to be comprehensive. Your Evidence of Coverage is the governing document for benefit information.