

This High Deductible Health Plan meets the Federal Requirements for a Health Savings Account (HSA) qualifying plan. Members may contact the financial institution of their choice for information on HSA's and their benefits.

BENEFIT SUMMARY

IN-NETWORK

OUT-OF-NETWORK

The following services will be provided at the percentages listed after deductible at the applicable co-insurance level, with the exception of the "Preventive/Wellness" benefits as mandated by PHSA Section 2713, which are paid at 100% and are not subject to plan deductible.

Essential Benefits ¹	\$2,000,000 per year ¹	
Lifetime Maximum Benefit	Unlimited	
Deductible Options		
Maximum 2x Per Family	\$2500, \$3500 or \$5000*	\$5000, \$7000, \$10,000
Co-Insurance Options	100% or 80%	70% or 60% U&C**
Out-of-Pocket Maximum	100% plan - \$0 ²	\$4000
Maximum 2x Per Family, Plus Deductible	80% plan - \$2000	\$4000
Physician Office Visits	100% or 80%	70% or 60% U&C**
Chiropractic Office Visit/Services (26 Maximum Visits Per Year)	100% or 80%	70% or 60% U&C**
Mental Health/Substance Abuse		
Mental Health Provider Office Visit	100% or 80%	70% or 60% U&C**
Inpatient Services (90-day limit)	100% or 80%	70% or 60% U&C**
Outpatient Services	100% or 80%	70% or 60% U&C**
Preventive/Wellness Examinations		
Eligible Expenses Covered at 100% (no deductible)	100% ³	70% or 60% U&C**
Immunizations		
Eligible Expenses Covered at 100% (no deductible)	100% ³	70% or 60% U&C**
Hospital Emergency Room Services	100% or 80%	70% or 60% U&C**
Urgent Care Services	100% or 80%	70% or 60% U&C**
Land/Air Ambulance Services	100% or 80%	70% or 60% U&C**
Maternity & Childbirth Expense Option (12-Month Wait Period)	100% or 80%	70% or 60% U&C**
Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology	100% or 80%	70% or 60% U&C**
Inpatient Hospitalization	100% or 80%	70% or 60% U&C**
Outpatient Hospital Services	100% or 80%	70% or 60% U&C**
Home Health Care (120 Maximum Visits Per Year)	100% or 80%	70% or 60% U&C**
Skilled Nursing Facility (90 Maximum Inpatient Days Per Year)	100% or 80%	70% or 60% U&C**
Hospice Care	100% or 80%	70% or 60% U&C**
Durable Medical Equipment	100% or 80%	70% or 60% U&C**
Rehabilitation	100% or 80%	70% or 60% U&C**
Outpatient Prescription Drugs	100% or 80%	70% or 60% U&C**
Prescriptions are paid at the applicable co-insurance level after deductible is met.		

¹As defined by Health Reform Law as "Essential Benefits"

²100% plan has \$0 out-of-pocket maximum for In-Network services and \$4000 out-of-pocket maximum for Out-of-Network services.

³Preventive/Wellness Examinations & Immunizations – services recommended by the U.S. Preventive Task Force. Additional office services not mandated by PHSA Section 2713 subject to deductible and co-insurance.

*\$5000 deductible provided at 100/70% coinsurance option only.

**All Out-of-Network charges are subject to Usual and Customary (U&C) charge reductions.

This is only a brief summary of benefits, which is not intended to be comprehensive. Your Individual Health Plan Benefit Booklet is the governing document for the benefit information.