

HIGH DEDUCTIBLE HEALTH PLAN

<i>Plan Features</i>	<i>In-network</i>	<i>Out-of-network</i>
Essential Benefits	\$2,000,000 per year	
Lifetime Maximum	Unlimited	
Coinsurance Options	100%	70% R&C**
	80%	60% R&C**
	70%	50% R&C**
Deductible Options (Family Maximum = 2x Individual)	In-network	Out-of-network
	\$2,500	\$5,000
	\$3,500	\$7,000
	\$5,000*	\$10,000
Out-of-Pocket Maximum Options (Maximum Per Family 2x Individual)	\$1,000 per person plus deductible ¹	\$2,000 per person plus deductible
	\$2,000 per person plus deductible ¹	\$4,000 per person plus deductible
Outpatient Prescription Drugs	Subject to Deductible & Coinsurance	
Ambulance Services	Subject to Deductible & In-network Coinsurance	
Emergency Room Services	Subject to Deductible & In-network Coinsurance	
Preventive Services	\$0 member responsibility for services mandated by PHSA Section 2713	Subject to Deductible & Out-of-network Coinsurance

The following services will be provided after deductible at the applicable coinsurance level:

Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology
 Disposable Medical Equipment
 Durable Medical Equipment
 Home Health Care
 Hospice
 Hospital Inpatient Services
 Hospital Outpatient Services
 Maternity Benefits
 Mental Health / Substance Abuse
 Orthotics
 Physician Office Visits
 Rehabilitation
 Skilled Nursing Facility
 Spinal Manipulation Services
 Urgent Care Services

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

** Reasonable and customary charges.

¹ 100% plan has \$0 out-of-pocket maximum for In-network services

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.