

BENEFIT SUMMARY

	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>
Essential Benefits¹	\$2,000,000 per year ¹	
Lifetime Maximum Benefit	Unlimited	
Deductible Options	\$1000, \$1500, \$2000, \$2500 or \$5000	
Maximum 3x Per Family		
Co-Insurance Options	100% or 80%	70% or 50% U&C ²
Out-of-Pocket Maximum	100% plan - \$0*	\$6000
Maximum 2x Per Family, Plus Deductible	80% plan - \$3000	\$6000
Physician Office Visits	\$30 Copay**	70% or 50% U&C ²
First 3 Visits at \$30, then Deductible/Co-insurance	(Limit 3 Per Person/Per Year)	
Chiropractic Office Visit (26 Maximum Visits Per Year)	See "Physician Office Visits"	70% or 50% U&C ²
Other Chiropractic Services	100% or 80%	70% or 50% U&C ²
Mental Health/Substance Abuse		
Mental Health Provider Office Visit	See "Physician Office Visits"	70% or 50% U&C ²
Inpatient Services (90-day limit)	100% or 80%	70% or 50% U&C ²
Outpatient Services	100% or 80%	70% or 50% U&C ²
Preventive/Wellness Examinations		
Eligible Expenses Covered at 100% (no deductible)	100% ³	70% or 50% U&C ²
Immunizations		
Eligible Expenses Covered at 100% (no deductible)	100% ³	70% or 50% U&C ²
Accident Benefit Services	Plan pays first \$1500	70% or 50% U&C ²
First \$1500 Not Subject to Deductible		
Hospital Emergency Room Services	100% or 80%	70% or 50% U&C ²
Urgent Care Services	100% or 80%	70% or 50% U&C ²
Land/Air Ambulance Services	100% or 80%	70% or 50% U&C ²
Maternity & Childbirth Expense Option (12-Month Wait Period)	100% or 80%	70% or 50% U&C ²
Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology	100% or 80%	70% or 50% U&C ²
Inpatient Hospitalization	100% or 80%	70% or 50% U&C ²
Outpatient Hospital Services	100% or 80%	70% or 50% U&C ²
Home Health Care (120 Maximum Visits Per Year)	100% or 80%	70% or 50% U&C ²
Skilled Nursing Facility (90 Maximum Inpatient Days Per Year)	100% or 80%	70% or 50% U&C ²
Hospice Care	100% or 80%	70% or 50% U&C ²
Durable Medical Equipment	100% or 80%	70% or 50% U&C ²
Rehabilitation	100% or 80%	70% or 50% U&C ²
Outpatient Prescription Drugs		
Annual Deductible for Tier 1 Drugs	\$0 Pharmacy Deductible	70% or 50% U&C ²
Annual Deductible for Tier 2, 3 & 4 Drugs	\$1000 ⁴	70% or 50% U&C ²
Tier 1 Copay - Most Generics ⁵ (30-day supply)	\$10	70% or 50% U&C ²
Tier 2 Copay - Preferred Brand (30-day supply)	\$35	70% or 50% U&C ²
Tier 3 Copay - Non-Preferred Formulary Brand (30-day supply)	\$75	70% or 50% U&C ²
Tier 4 Copay - Specialty (30-day supply)	\$100	N/A
Mail Order (90-day supply)	2.5 x Retail Copay	N/A

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

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

**Copay applies ONLY to office visit cost; all diagnostic, x-rays, and treatment will be subject to deductible and coinsurance. (limit 3-\$30 Copays per person per calendar year).

²Out-of-Network charges are subject to Usual and Customary (U&C) charge reductions.

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

⁴Annual Deductible applies only to Tier 2, Tier 3 and Tier 4 drugs.

⁵Generics could fall into any tier. Please consult the formulary.

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.