

High Deductible Health Plan

Benefit Summary



Plan Features	In-Network <i>Member is responsible for:</i>	Out-of-Network <i>Member is responsible for:</i>
Essential Benefits		Unlimited
Lifetime Maximum Benefit		Unlimited
Coinsurance Options	100%	70% R & C**
	80%	60% R & C**
	70%	50% R & C**
Deductible Options	\$2500	\$5000
<i>Family Maximum = 2x Individual</i>	\$3500	\$7000
	\$5000	\$10,000
Out-of-Pocket Maximum Options	\$1000 per person plus deductible ²	\$2000 per person plus deductible
<i>Family Maximum = 2x Individual</i>	\$2000 per person plus deductible ²	\$4000 per person plus deductible
Physician Services		
<i>Physician Office Visit</i>		Subject to Deductible & Coinsurance
<i>Physician Services not received in an office setting</i>		Subject to Deductible & Coinsurance
Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology		Subject to Deductible & Coinsurance
Inpatient Hospitalization		Subject to Deductible & Coinsurance
Outpatient Hospital Services		Subject to Deductible & Coinsurance
Hospital Emergency Room Services		Subject to Deductible & Coinsurance
Urgent Care Facility		Subject to Deductible & Coinsurance
Urgent Care Physician		Subject to Deductible & Coinsurance
Ambulance Services		Subject to Deductible & Coinsurance
Maternity & Childbirth Expenses		Subject to Deductible & Coinsurance
Preventive Health Services Ages 0 to adult		
<i>Services recommended by the U.S. Preventive Services Task Force as mandated by PHSA Section 2713</i>	\$0	Subject to Deductible & Coinsurance
<i>Additional office services or treatments not mandated by PHSA Section 2713</i>		Subject to Deductible & Coinsurance
Preventive Services for Children and Adolescents		
<i>Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration.</i>	\$0	Subject to Deductible & Coinsurance
<i>Physician office visits and laboratory tests associated with preventive checkups</i>	\$0	Subject to Deductible & Coinsurance
Preventive Services for Adults		
<i>Preventive care and screenings for women supported by the Health Resources and Services Administration.</i>	\$0	Subject to Deductible & Coinsurance
Immunizations Ages 0 to Adult (per immunization)		
<i>As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713</i>	\$0	Subject to Deductible & Coinsurance
<i>Additional immunizations not mandated by PHSA Section 2713</i>		Subject to Deductible & Coinsurance
Home Health Care		Subject to Deductible & Coinsurance
Skilled Nursing Facility		Subject to Deductible & Coinsurance
Hospice Care		Subject to Deductible & Coinsurance
Durable Medical Equipment		Subject to Deductible & Coinsurance
Disposable Medical Equipment		Subject to Deductible & Coinsurance
Prosthetics		Subject to Deductible & Coinsurance
Orthotics		Subject to Deductible & Coinsurance
Chiropractic Services Annual Benefit of 26 visits without prior authorization		
<i>Office Visit</i>		Subject to Deductible & Coinsurance
<i>Other Services</i>		Subject to Deductible & Coinsurance
Dental Anesthesia		Subject to Deductible & Coinsurance
Mental Illness/Substance Use Disorder Services		
<i>Office Visit</i>		Subject to Deductible & Coinsurance
<i>Other Services</i>		Subject to Deductible & Coinsurance
<i>Hospital Inpatient Treatment</i>		Subject to Deductible & Coinsurance
<i>Outpatient Treatment</i>		Subject to Deductible & Coinsurance
<i>Residential Treatment</i>		Subject to Deductible & Coinsurance
Outpatient Prescription Drugs		Subject to Deductible & Coinsurance
<i>Tier 1 – Most Generics¹ (30-day supply) Retail and Mailorder</i>	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
<i>Tier 2 – Preferred Brand (30-day supply) Retail and Mailorder</i>	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
<i>Tier 3 – Non-Preferred Formulary Brand (30-day supply) Retail and Mailorder</i>	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
<i>Tier 4 – Specialty Formulary Brand (30-day supply) Retail ONLY</i>	Subject to Deductible & Coinsurance	Not Available

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

²100% plan as \$0 out-of-pocket maximum for In-network services.

*U&C is used as an abbreviation for Usual and Customary.

** Reasonable and customary charges

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.