

PLAN FEATURES

IN-NETWORK
Member is responsible for:

OUT-OF-NETWORK
Member is responsible for:

Lifetime Maximum Benefit	\$2,000,000	
Deductible	\$250, \$500, \$750	
Maximum 3x Per Family	\$1,000, \$1,500, \$2,500, \$5,000	2x in-network
Out-Of-Pocket Maximum	\$1,500, \$2,000	
Maximum 2x Per Family, Plus Deductible	\$2,500, \$3,000	2x in-network
Physician Services		
Physician Office Visit	\$20, \$30, \$40 Copay per visit*	40% R&C **
Physician Services	10%	40% R&C **
Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology	10%	40% R&C **
Inpatient Hospitalization	10%	40% R&C **
Outpatient Hospital Services	10%	40% R&C **
Hospital Emergency Room Services	\$100 Copay per Visit	\$100 Copay per Visit
Urgent Care Services	\$75 Copay per Visit	40% R&C **
Ambulance Services	20%	20% R&C **
Maternity & Childbirth Expenses	10%	40% R&C **
Preventive Services	\$0 Member responsibility for the first \$250 of benefit per calendar year	
Physician Office Visit Only	Copay is same as for Physician Services	40% R&C **
Children Services (0-12 years)	10%	40% R&C **
Adolescent & Adult Services (Ages 13 to Adult)	10%	40% R&C **
Immunizations		
Ages 0 through 4	\$0 Copay per immunization	
Ages 5 and up	\$12 Copay per immunization	
Home Health Care	10%	40% R&C **
Skilled Nursing Facility	10%	40% R&C **
Hospice Care	10%	40% R&C **
Durable Medical Equipment (\$2,500 / year Maximum Benefit)	10%	40% R&C **
Disposable Medical Supplies (\$2,000 / year Maximum Benefit)	10%	40% R&C **
Chiropractic Services	(Limited to 26 per calendar year)	
Chiropractic Office Visit	Copay is same as for Physician Services	40% R&C **
Other Chiropractic Services	10%	40% R&C **
Mental Health / Substance Abuse		
Mental Health Provider Office Visit	Copay is same as for Physician Services	40% R&C **
Inpatient Services	10%	40% R&C **
Outpatient Services	10%	40% R&C **
Outpatient Prescription Drugs	After satisfaction of \$50 Rx Deductible	
Generic (30-day supply)	\$10	40%
Preferred Brand / Formulary (30-day supply)	\$20	40%
Other Brand / Non-Formulary (30-day supply)	\$40	40%

* Copay applies **ONLY** to office visit cost; all diagnostics, x-rays, and treatment will be subject to deductible and coinsurance.

** 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.