

Overview	V 1	V 2	V 3	V 4
Calendar year deductible — individual/family	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$1,250/\$2,500
Coinsurance	20%	30%	40%	50%
Out-of-pocket maximum — individual/family	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000
Lifetime maximum	None	None	None	None
Health and Wellness				
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	\$0	\$0	\$0
Office visits				
Chiropractor (20 visits max. per calendar year)	\$20	\$25	\$30	\$35
Primary care physician (PCP)	\$20	\$25	\$30	\$35
Podiatrist	\$20	\$25	\$30	\$35
Maternity	20%	30%	40%	50%
Ultrasound	20%	30%	40%	50%
Delivery	20%	30%	40%	50%
All other specialists (including consults & second opinions)	\$40	\$45	\$50	\$55
Outpatient services				
Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)	\$20	\$20	\$20	\$20
Allergy shots	\$10	\$10	\$10	\$10
Emergency room services	20%	30%	40%	50%
Lab tests, routine (all outpatient locations)	20%	30%	40%	50%
Outpatient surgery	20%	30%	40%	50%
Preventive care (see certificate of coverage for details)	\$0	\$0	\$0	\$0
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	30%	40%	50%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	20%	30%	40%	50%
Renal dialysis	20%	30%	40%	50%
Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)	20%	30%	40%	50%
Vasectomy (physician office setting)	20%	30%	40%	50%
All other medically necessary outpatient services	20%	30%	40%	50%
Inpatient services (Some services may require authorization)				
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	20%	30%	40%	50%
Hospital admission, medical (includes all services)	20%	30%	40%	50%
Hospital admission, mental health, full and partial (30 days max. per calendar year)	20%	30%	40%	50%
Ambulance	20%	30%	40%	50%
Other services (Some services may require authorization)				
Durable medical equipment & external prosthetic devices (\$2,500 max./calendar year, limit does not apply to diabetic supplies)	20%	30%	40%	50%
Home health care (60 visits max. per calendar year)	20%	30%	40%	50%
Hospice (180 days maximum per calendar year)	Inpatient	20%	30%	40%
	Outpatient	20%	30%	40%
Hyperbaric oxygen therapy (per treatment)	20%	30%	40%	50%
Pain management (per treatment day)	20%	30%	40%	50%
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	20%	30%	40%	50%
Skilled nursing facility (120 days max. per calendar year)	20%	30%	40%	50%
Urgent care — in service area (must use participating provider)	\$20	\$25	\$30	\$35
Urgent care — out of service area	\$50	\$50	\$50	\$50