



Overview

Deductible (single/family)	\$1,000/\$3,000
Coinsurance	20%
Calendar year out-of-pocket maximum (single/family)	\$5,000/\$10,000
Lifetime maximum per person	\$5 million

Hospital services (Some services may require authorization)

Inpatient care	Deductible + 20%
Outpatient surgical care	Deductible + 20%

Emergency services

Emergency room services (waived if admitted)	Deductible + 20%
Urgent care in physician's office	Deductible + 20%
Ambulance	Deductible + 20%

Outpatient medical services

Primary care physician (PCP) office visit	Deductible + 20%
Specialists	Deductible + 20%
Surgical care in outpatient center	Deductible + 20%
Diagnostic procedures (EKGs, lab tests, x-rays)	Deductible + 20%
Mammograms	\$0
Specialty imaging (MRI, PET, CT scans)	Deductible + 20%
Rehabilitative services (maximum 20 outpatient visits per calendar year)	Deductible + 20%
Non-surgical spine and back treatment (maximum 10 outpatient visits per calendar year)	Deductible + 20%
Durable medical equipment, prosthetics, orthotics	Deductible + 20%

Mental health (Some services may require authorization)

Inpatient admissions (maximum 10 days per calendar year)	Deductible + 20%
Outpatient services (20 visits maximum per calendar year, \$50 allowance per visit)	Deductible + 20%

Alcohol/substance abuse treatment (\$2,000 lifetime maximum benefit)

Inpatient admissions (maximum 5 days per calendar year)	Deductible + 20%
Outpatient services (lifetime maximum 44 visits, \$35 allowance per visit)	Deductible + 20%

Other services (Preventive care benefits limited to \$250 per calendar year)

Periodic health assessment exam	20%
Periodic child health supervision	20%
Contraceptive appliances	20%
Injectable contraceptives	20%
Home health care (maximum 60 visits per calendar year)	Deductible + 20%
Hospice	\$0
Skilled nursing facility (100 days lifetime maximum)	Deductible + 20%