



*This High Deductible Health Plan meets the Federal requirements of a Health Savings Account (HSA) qualifying plan. Members may contact the financial institution of their choice for information on HSA's and their benefits.*

**BENEFIT SUMMARY**

**PLAN FEATURES**

|   | <i>In-Network</i>                                      |             | <i>Out-of-Network</i>         |
|---|--|-------------|-------------------------------|
| Lifetime Maximum Benefit                                    |  | \$2,000,000 |                               |
| Coinsurance Options   | 100%   | or          | 70% R&C**                     |
|   | 80%  |             | 60% R&C**                     |
| Deductible Options<br>(Family Maximum = 2x Individual)      | \$2,500, \$3,500,<br>or \$5,000*                       |             | \$5,000, \$7,000,<br>\$10,000 |
| Out-of-Pocket Maximum<br>(Maximum Per Family 2x Individual) | 100% Plan - 0 <sup>1</sup><br>80% Plan - \$2,000       |             | \$4,000                       |
| Ambulance Services  | Subject to Deductible & In-network Coinsurance         |             |                               |
| Emergency Room Services                                     | Subject to Deductible & In-network Coinsurance         |             |                               |
| Preventive Services   | \$300 per year not subject to deductible & coinsurance |             |                               |

*The following services will be provided after deductible at the applicable coinsurance level:*

- Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology
- Disposable Medical Equipment (Maximum Benefit Per Year: \$2,000)
- Durable Medical Equipment (Maximum Benefit Per Year: \$2,500)
- Home Health Care (120 Visits Per Benefit Year)
- Hospice (Lifetime Maximum Benefit : \$5,000)
- Hospital Inpatient Services
- Hospital Outpatient Services
- Maternity Benefits (Optional - 12 Month Waiting Period Applies)
- Mental Health (90 Inpatient Days Per Benefit Year)
- Substance Abuse (21 Inpatient / 26 Outpatient Days Per Benefit Year)
- Outpatient Prescription Drugs
- Physician Office Visits
- Rehabilitation
- Skilled Nursing Facility (90 Inpatient Days Per Benefit Year)
- Spinal Manipulation Services (Maximum Benefit Per Year: \$250)
- Urgent Care Services

\* \$5000 deductible provided at 100/70% coinsurance option only.

\*\* All Out-of-Network charges are subject to Reasonable and Customary charge reductions.

<sup>1</sup> 100% plan has \$0 out-of-pocket maximum for In-Network services and \$4000 out-of-pocket maximum for Out-of-Network services.

This is only a brief summary of benefits, which is not intended to be comprehensive. Your Individual Health Policy document is the governing document for benefit information.