

BENEFIT SUMMARY

	<i>IN-NETWORK</i>	<i>OUT-OF-NETWORK</i>
Lifetime Maximum Benefit	\$2,000,000	
Deductible Options		
Maximum 3x Per Family	\$1,000, \$2,500, \$5,000 or \$10,000	
Out-of-Pocket Maximum		
Maximum 2x Per Family, Plus Deductible	\$3,000	\$6,000
Physician Office Visit Options	80% after Deductible or \$30 copayment	50% R&C**
Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology	80%	50% R&C**
Inpatient Hospitalization	80%	50% R&C**
Outpatient Hospital Services	80%	50% R&C**
Hospital Emergency Room Services	80%	80%
Urgent Care Services	80%	50% R&C**
Land/Air Ambulance Services	80%	80%
Maternity & Childbirth Expenses (12-Month Waiting Period)	80%	50% R&C**
Physical / Wellness Examinations (To include well baby, well child, well woman, yearly physicals and/or mammograms & PSA's)	\$300 benefit per calendar year per person not subject to deductible or coinsurance	
Immunizations		
Ages 0 through 4	\$0 Copay per immunization	
Ages 5 and up	80%	50% R&C**
Home Health Care (120 Maximum Visits Per Year)	80%	50% R&C**
Skilled Nursing Facility (90 Maximum Inpatient Days Per Year)	80%	50% R&C**
Hospice Care (\$5,000 Lifetime Maximum Benefit)	80%	50% R&C**
Durable Medical Equipment (\$2,500 / year Maximum Benefit)	80%	50% R&C**
Rehabilitation	80%	50% R&C**
Spinal Manipulation Services (\$250 / year Maximum Benefit)		
Chiropractic Office Visit	Same as for Physician Services	50% R&C**
Other Chiropractic Services	80%	50% R&C**
Mental Health / Substance Abuse		
Mental Health Provider Office Visit	Same as for Physician Services	50% R&C**
Inpatient Services (90-day limit)	80%	50% R&C**
Outpatient Services	80%	50% R&C**
Outpatient Prescription Drugs		
Annual Deductible	\$2,000	
Tier 1 Copay - Most Generics ¹ (30-day supply)	\$10	50% R&C**
Tier 2 Copay - Preferred Brand (30-day supply)	\$20	50% R&C**
Tier 3 Copay - Non-Preferred Formulary Brand (30-day supply)	\$40	50% R&C**
Tier 4 Copay - Specialty (30-day supply)	\$100	N/A
Mail Order (90-day supply)	2.5x Retail Copay	N/A

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

** Reasonable and customary charges.

¹Generics could fall into any tier. Please consult the formulary.

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.