## Benefit Provisions

### Annual Deductible

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400/person;</td>
<td>$1,000/person;</td>
</tr>
<tr>
<td>$1,200/Family</td>
<td>$3,000/Family</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum - Person

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,500/person</td>
<td>$10,000/person</td>
</tr>
</tbody>
</table>

### Out-of-Pocket Maximum - Coverage Tier

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,000/EE+Sp/Ch;</td>
<td>$20,000/EE+Sp/Ch;</td>
</tr>
<tr>
<td>$11,000/EE+Family</td>
<td>$20,000/EE+Family</td>
</tr>
</tbody>
</table>

## Professional Services

### Physician's Office Visit

- $25 copay*
- 50% after deductible
- 20% after deductible
- 40% after deductible

### Specialist Office Visit

- $40 copay*

### Urgent Care Visit

- Provider responsible; no penalty
- Member responsible; $250 penalty

## Type of Service

### Acupuncture

- 12 visits per calendar year maximum
- $40 copay*
- 50% after deductible
- 20% after deductible
- 40% after deductible

### Allergy Testing

- Office visit: $25 physician visit copay*
- Specialist visit: $40 copay*

### Allergy Treatment

- 30% after deductible

### Ambulance

- Must be medically necessary

### Diagnostic X-ray and Lab

Outpatient hospital or facility

### Durable Medical Equipment (DME)

### Emergency Room

- 30% after deductible; $125 copay per visit
- 20% after deductible

### Home Health Care

- 120 visits per year max
- 30% after deductible
- 50% after deductible
- 20% after deductible

### Hospital Inpatient

- Includes room & board, physician expenses, prescription drugs and all other inpatient care
- $400 copay/stay
- $1,000 copay/stay
- 50% after deductible
- 20% after deductible

### Hospital Outpatient/Surgery

- Includes outpatient services performed in a hospital, ambulatory surgical center or a doctor’s office, including physician's charges
- 30% after deductible
- 50% after deductible

### Radiologists, Anesthesiologists & Pathologists

### Short Term Rehabilitation

- Outpatient physical, speech & occupational therapy
- $40 copay*

### Spinal Disorders/Chiropractic Therapies

- 20 visits per individual per year maximum
- $40 copay*

### Mental/Nervous Disorders/Chemical Dependency

### Inpatient Mental/Nervous Disorders and Chemical Dependency

- 30% after deductible
- 50% after deductible
- 20% after deductible
- 40% after deductible

### Per Inpatient Admission

- $400/stay
- 30% after deductible
- $1,000/stay
- 50% after deductible

### Per Inpatient Admission Copay Limit

- $1,200/individual/year
- $3,000/individual/year

### Outpatient Mental/Nervous Disorders and Chemical Dependency

- $25 copay*
- 50% after deductible

## Routine/Preventive Care

### Preventive Care

- Subject to age and frequency limitations
- No charge
- No charge up to allowed amount*

### Family Planning

### Contraceptive Devices, Implants & Injectables

- Certain contraceptive devices may be covered at 100% with no copay or deductible
- 30% after deductible
- 50% after deductible
- 20% after deductible
- 40% after deductible

### Maternity

### Prescription Drugs

### Retail Pharmacy

- 30 day supply
- Generic: $15
- No Coverage

### Mail Order or Retail Pharmacy

- 31-90 day supply
- Generic: $37.50
- No Coverage

### *Deductible waived

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*Percentages shown indicate patient payment amount. Effective Jan. 1, 2018.*