



High Deductible Plan

Benefits	IN NETWORK	OUT OF NETWORK
ESSENTIAL BENEFITS		Unlimited
LIFETIME MAXIMUM		Unlimited
DEDUCTIBLE		
Per Covered Person	\$1,300	\$2,600
Per Family	\$2,600	\$5,200
OUT OF POCKET MAXIMUM		
Per Covered Person	\$3,300	\$2,200
Per Family	\$6,600	\$4,400
PHYSICIAN SERVICES		
Office Visit or eVisit	20%	40% U&C*
Physician Services not received in an office setting	20%	40% U&C*
DIAGNOSTIC X-RAY, LAB, ECHO, EEG, EKG, PATHOLOGY	20%	40% U&C*
INPATIENT HOSPITALIZATION	20%	40% U&C*
OUTPATIENT HOSPITAL SERVICES	20%	40% U&C*
HOSPITAL EMERGENCY ROOM SERVICES	20%	20%
URGENT CARE FACILITY	20%	40% U&C*
URGENT CARE PHYSICIAN	20%	40% U&C*
AMBULANCE SERVICES	20%	20%
MATERNITY & CHILDBIRTH EXPENSES	20%	40% U&C*
PREVENTIVE HEALTH SERVICES (Ages 0 to Adult)		
Services recommended by the U.S. Preventive Services Task Force as mandated by PHSA Section 2713	\$0	40% U&C*
Additional preventive services or treatments not mandated by PHSA Section 2713	20%	40% U&C*
Preventive Services for Children and Adolescents		
Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration	\$0	40% U&C*
Physician office visits and laboratory tests associated with preventive checkups	\$0	40% U&C*
Preventive Services for Adults		
Preventive care and screenings for women supported by the Health Resources and Services Administration	\$0	40% U&C*
Immunizations Ages 0 to Adult (per immunization)		
As recommended by Advisory Committee on Immunization Practices of the CDC as mandated by PHSA Section 2713	\$0	40% U&C*
Additional immunizations not mandated by PHSA Section 2713	20%	40% U&C*
HOME HEALTH CARE	20%	40% U&C*
SKILLED NURSING FACILITY	20%	40% U&C*
HOSPICE CARE	20%	40% U&C*
DURABLE MEDICAL EQUIPMENT	20%	40% U&C*
DISPOSABLE MEDICAL SUPPLIES	20%	40% U&C*
PROSTHETICS	20%	40% U&C*
ORTHOTICS	20%	40% U&C*
CHIROPRACTIC SERVICES	<i>Annual Benefit of 26 visits without prior authorization</i>	
Office Visit	20%	40% U&C*
Other services	20%	40% U&C*
DENTAL ANESTHESIA	20%	40% U&C*
MENTAL ILLNESS / SUBSTANCE USE DISORDER SERVICES		
Office Visit	20%	40% U&C*
Other services	20%	40% U&C*
Outpatient Treatment	20%	40% U&C*
Hospital Inpatient Treatment	20%	40% U&C*
Residential Treatment	20%	40% U&C*
COVERED EDUCATION	20%	40% U&C*
OUTPATIENT PRESCRIPTION DRUGS	\$1,300 Deductible	
	<u>Retail</u>	<u>Mail¹</u>
Tier 1 - Most Generics (30 day supply)	20%	20%
Tier 2 - Preferred Brand (30 day supply)	20%	20%
Tier 3 - Non-Preferred Formulary Brand (30 day supply)	20%	20%
Tier 4 - Specialty Formulary Brand (30 day supply)	20%	Not Available
		40% U&C*
		40% U&C*
		40% U&C*
		Not Available

*U & C is used as an abbreviation for Usual and Customary.

¹Mail order available on maintenance medications only for a 90 day supply.

**In addition, \$87 will be deposited into your HSA account monthly.

"You Pay"	
EE	\$0.00 **
ES	\$467.00 **
EC	\$173.00 **
FA	\$665.00 **