



HDHP

Covered Services	In-Network	Out-Of-Network
Essential Health Benefits	Unlimited	
Lifetime Maximum Benefit	Unlimited	
Deductible (non-embedded: Individuals with Family coverage are subject to the Family deductible before Single coinsurance applies)		
Per Covered Person	\$1,500	\$3,000
Per Family	\$3,000	\$6,000
Annual Maximum Out-of-Pocket (embedded)		
(Including all Deductibles and Coinsurance)		
Per Covered Person	\$5,000 (Single) / \$6,500 (Family)	\$10,000
Per Family	\$10,000	\$20,000
Physician Services		
Primary Care Physician (PCP) Office Visit/Telemedicine	20%* Coins	40%* Coins U&C**
Specialty Care Physician (SCP) Office Visit/Telemedicine	20%* Coins	40%* Coins U&C**
Physician Services not received in an office setting	20%* Coins	40%* Coins U&C**
Diagnostic Laboratory, Imaging and Radiology	20%* Coins	40%* Coins U&C**
Inpatient Hospitalization	20%* Coins	40%* Coins U&C**
Outpatient Hospital Services	20%* Coins	40%* Coins U&C**
Hospital Emergency Room Services	20%* Coins	
Urgent Care Facility	20%* Coins	40%* Coins U&C**
Urgent Care Physician Services	20%* Coins	40%* Coins U&C**
Emergency Ambulance Services	20%* Coins	
Maternity & Childbirth Expenses	20%* Coins	40%* Coins U&C**
Preventive Health Services (Ages 0 to adult)		
Services with an "A" or "B" rating from the U.S. Preventive Services Task Force as mandated by PHSA Section 2713	\$0	40%* Coins U&C**
Additional preventive services or treatments not mandated by PHSA Section 2713	20%* Coins	40%* Coins U&C**
Preventive Health Services for Children and Adolescents		
Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration	\$0	40%* Coins U&C**
Physician office visits and laboratory tests associated with preventive checkups	\$0	40%* Coins U&C**
Preventive Services for Adults		
Preventive care and screenings for women supported by the Health Resources and Services Administration	\$0	40%* Coins 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%* Coins U&C**
Additional immunizations not mandated by PHSA Section 2713	20%* Coins	40%* Coins U&C**
Home Health Care	20%* Coins	40%* Coins U&C**
Skilled Nursing Facility	20%* Coins	40%* Coins U&C**
Hospice Care	20%* Coins	40%* Coins U&C**
Durable Medical Equipment	20%* Coins	40%* Coins U&C**
Disposable Medical Supplies	20%* Coins	40%* Coins U&C**
Prosthetics	20%* Coins	40%* Coins U&C**
Orthotics	20%* Coins	40%* Coins U&C**
Chiropractic Services (Spinal Manipulation)	Prior Authorization required for office visits in excess of 26 per benefit year	
Office Visit	20%* Coins	40%* Coins U&C**
Other Services	20%* Coins	40%* Coins U&C**

Covered Services	In-Network		Out-Of-Network
Therapy Services (Not Including Chiropractic Services)****			
Physical Therapy	20%* Coins		40%* Coins U&C**
	Annual Benefit of 60 visits (not including Applied Behavioral Analysis)		
Occupational Therapy	20%* Coins		40%* Coins U&C**
	Annual Benefit of 60 visits (not including Applied Behavioral Analysis)		
Speech Therapy	20%* Coins		40%* Coins U&C**
	Annual Benefit of 60 visits (not including Applied Behavioral Analysis)		
Autism Services	Benefits are based on the setting in which Covered Services are Received *****		
Applied Behavior Analysis (ABA) (dependent children through age 18)	20%* Coins		40%* Coins U&C**
	Requires prior authorization		
Dental Anesthesia	20%* Coins		40%* Coins U&C**
Mental Illness/Substance Use Disorder Services			
Office Visit	20%* Coins		40%* Coins U&C**
Other Services	20%* Coins		40%* Coins U&C**
Outpatient Treatment	20%* Coins		40%* Coins U&C**
Hospital Inpatient Treatment	20%* Coins		40%* Coins U&C**
Residential Treatment	20%* Coins		40%* Coins U&C**
Covered Education	20%* Coins		40%* Coins U&C**
Outpatient Prescription Drugs	Retail (30 day supply)	Mail***	Out-Of-Network
Prescription Drug Deductible	\$1,500 Medical Deductible		
Tier 1 - Most Generics (30 day supply)	20%* Coins	20%* Coins	40%* Coins U&C**
Tier 2 - Preferred Brand (30 day supply)	20%* Coins	20%* Coins	40%* Coins U&C**
Tier 3 - Non-Preferred Formulary Brand (30 day supply)	20%* Coins	20%* Coins	40%* Coins U&C**
Tier 4 - Specialty Formulary Brand (30 day supply)	20%* Coins	Not available	Not available
Tier 5 - Preventive	\$0	\$0	Not available

* Coinsurance applies after Deductible is met.

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

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

****Copays/Coinsurance for Physical Therapy and Occupational Therapy will not exceed the physician office visit once the deductible is met.

***** Coverage for the diagnosis and treatment of Autism Spectrum Disorders will not be subject to any greater Deductible/Co-pay/Co-insurance than is applicable to other physical health care services covered by this Plan.

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