

Benefits covered in Full (no cost to the member)	
Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
Chemotherapy and Radiation	Covered in Full
X-Rays	
Laboratory Tests	
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	Covered in Full
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Oxygen & Respiratory Equipment	

Benefits covered after a Copayment	
Tier 1 Copayment Professional visits:	\$20 Copay
PCP Office Visit First two visits covered in full	
Routine Annual Eye Exam (1 per year)	
Chiropractic Care; 20 visit limit	
Acupuncture; 20 visit limit	
Outpatient Mental Health & Substance Abuse	\$20 Copay
Tier 2 Copayment Professional visits:	\$40 Copay
Specialist Office Visit	
Physical/Occupational/Speech Therapy combined 60 visit limit	
Allergy Injections	
Outpatient Surgery; Freestanding Facility or Ambulatory Surgery Center	\$150 Copay
Emergency Room (co-pay waived if admitted)	\$200 Copay
Prescription Drugs: Retail (30 day Supply)	\$0/\$10/\$20/\$30
Mail Order (90 day Supply)	\$0/\$10/\$40/\$60

Benefits covered after a Deductible		
Deductible: Limit one per year	Tier 1: \$1,000 (\$3,000 Family)	Tier 2: \$3,000 (\$6,000 Family)
Hospital Inpatient	Tier 1 Deductible; then Covered in Full	Tier 2 Deductible; then 20% Coinsurance
Maternity Care - Delivery		
Advanced Radiology; CT Scans, PET Scans, MRI, MRA and Nuclear medicine services		
Outpatient Surgery; Hospital Facility		
Skilled Nursing Facility & Inpatient Rehabilitation combined 100 day limit	Tier 1 Deductible, then Covered in Full	
Ambulance - Emergency Transport		
Durable Medical Equipment	Separate \$100 deductible, then 20% Coinsurance	
Out of Pocket Maximum: Medical	\$5,000 (\$10,000 Family)	
Prescription Drugs		

Deductible Year: Plan*

Deductible Carry-Over Provision: Yes

Lifetime Benefit: Unlimited

Any eligible medical expense incurred toward the Tier 1 Deductible in a Calendar Year applies to both the Tier 1 and Tier 2 Deductibles and vice versa. The maximum Deductible amount will never exceed the Tier 2 Deductible.

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult the corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a plan year.

*Deductible year will follow your medical plans renewal