

\$1,500 Deduct 3

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Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Deductible - Single	\$1,500	\$1,650		\$5,500	\$6,050	
Deductible - Family	\$3,000	\$3,300		\$11,000	\$12,100	
Coinsurance	20%	40%		0%	0%	
Annual Out of Pocket Maximum - Single	\$3,000	\$3,300		\$5,500	\$6,050	
Annual Out of Pocket Maximum - Family	\$6,000	\$6,600		\$11,000	\$12,100	
Annual Out of Pocket Maximum - Per Person Cap				\$6,650	\$12,100	

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Cost Share - Primary Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Cost Share - Specialist	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Cost Share - Sick Kids	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Plan/Calendar Year			Calendar Year Benefits			Calendar Year Benefits
Diabetic Preauthorization and Step Therapy			Applies			Applies

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Who is Covered

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Domestic Partner Coverage			Not Covered			Not Covered

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Inpatient Hospital Services	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Substance Use Detoxification	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Skilled Nursing Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Days per contract year	0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	45 Days per plan year
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	60 Days per plan year	0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	60 Days per plan year
Maternity Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Inpatient Hospital Surgery	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Anesthesia	PCP / Specialist - 20% Coinsurance Subject to Deductible	20% Coinsurance Subject to \$1,500 Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to \$5,500 Deductible	

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Diagnostic X-ray	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

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Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Radiation Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Chemotherapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service		Inclusive of Primary Service	Inclusive of Primary Service	
Dialysis	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Substance Use Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

Home Care

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Home Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Home Infusion Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

Hospice Care

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Hospice Care Inpatient	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

Professional Services

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Office Surgery	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

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Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Radiation Therapy	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Chemotherapy	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Infusion Therapy	PCP / Specialist - Inclusive of Primary Service	Inclusive of Primary Service		PCP / Specialist - Inclusive of Primary Service	Inclusive of Primary Service	
Dialysis	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Mental Health Care	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Maternity Care	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Telehealth	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP / Specialist - 0% Coinsurance Subject to Deductible	Not Covered		PCP / Specialist - 0% Coinsurance Subject to Deductible	Not Covered	
Chiropractic Care	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Allergy Testing	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Allergy Treatment Including Serum	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Hearing Evaluations Routine	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per plan year	PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	1 Exam per plan year

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per contract year	0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	45 Visits per contract year
Occupational Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per contract year	0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	45 Visits per contract year
Speech Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per contract year	0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	45 Visits per contract year

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Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Physical Rehabilitation	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per contract year	PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	45 Visits per contract year
Occupational Rehabilitation	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per contract year	PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	45 Visits per contract year
Speech Rehabilitation	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per contract year	PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	45 Visits per contract year

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Adult Physical Examination	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per calendar year	PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	1 Exam per calendar year
Adult Immunizations	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP / Specialist - Covered in Full	0% Coinsurance		PCP / Specialist - Covered in Full	0% Coinsurance	
Routine GYN Visit	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	

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Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Cervical Cytology Preventative	Covered in Full	40% Coinsurance Subject to Deductible		Covered in Full	0% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible		Covered in Full	0% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible		Covered in Full	0% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible		Covered in Full	0% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Prostate Cancer Screening	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP / Specialist - Covered in Full	40% Coinsurance Subject to Deductible		PCP / Specialist - Covered in Full	0% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible		Covered in Full	0% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible		Covered in Full	0% Coinsurance Subject to Deductible	
Bone Density Screening Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

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Additional Benefits

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Treatment of Diabetes Insulin and Supplies	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Diabetic Equipment	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Medical Supplies	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	
Acupuncture	PCP / Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	10 Visits per contract year	PCP / Specialist - 0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	10 Visits per contract year
Private Duty Nursing	PCP / Specialist - Not Covered	Not Covered	Not Covered	PCP / Specialist - Not Covered	Not Covered	Not Covered

Diagnoses

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Reimbursement for Travel and Lodging Expenses	PCP / Specialist - Covered Subject to Deductible	Covered Subject to \$1,500 Deductible	\$4,000 Reimbursement Per Plan Year	PCP / Specialist - Covered Subject to Deductible	Covered Subject to \$5,500 Deductible	\$4,000 Reimbursement Per Plan Year

ER Facility

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Facility Emergency Room Visit	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to \$1,500 Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to \$5,500 Deductible	

Transportation

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Prehospital Emergency and Transportation - Ground or Water	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to \$1,500 Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to \$5,500 Deductible	

Urgent Care

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Urgent Care Center Facility Visit	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible		0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Patient Protection and Affordable Care Act requirements.

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Vision

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Pediatric Eye Exams - Routine	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per contract year	0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	1 Exam per contract year
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Adult Eye Exams - Routine	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per contract year	0% Coinsurance Subject to Deductible	0% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Rx Plan

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Rx Plan			\$5/\$35/\$70 Integrated Rx, \$0 Generics for Kids			Covered in full Integrated Rx

Rx Benefits

Benefit Name	In Network	Out of Network	Limits	In Network	Out of Network	Limits
Days Supply Per Retail Order	30			30		
Days Supply Per Mail Order	90			90		
Copays Per Mail Order Supply	2			2		

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