

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

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

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