

Deductible plans **PLAN HIGHLIGHTS**

FEATURES	\$30/\$1,500 PLAN MEMBER PAYS	\$30/\$1,000 PLAN MEMBER PAYS	\$40/\$1,000 PLAN MEMBER PAYS
MEDICAL CALENDAR-YEAR DEDUCTIBLE			
Individual/Family	\$1,500/\$3,000	\$1,000/\$2,000	\$1,000/\$2,000
PHARMACY CALENDAR-YEAR DEDUCTIBLE			
	\$250 for brand prescriptions	\$250 for brand prescriptions	\$250 for brand prescriptions
ANNUAL OUT-OF-POCKET MAXIMUM¹			
Individual/Family	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000
IN THE MEDICAL OFFICE			
Office visits	\$30 (after deductible)	\$30 (after deductible)	\$40 ²
Preventive physical, vision, and hearing exams	\$30 ²	\$30 ²	\$40 ²
Maternity/prenatal care ³	\$0 ²	\$0 ²	\$0 ²
Well-child preventive care visits ⁴	\$0 ²	\$0 ²	\$0 ²
Vaccines (immunizations)	\$0 ²	\$0 ²	\$0 ²
Allergy injections	\$5 (after deductible)	\$5 (after deductible)	\$5 (after deductible)
Infertility services	Not covered	Not covered	Not covered
Occupational, physical, and speech therapy	\$30 (after deductible)	\$30 (after deductible)	\$40 (after deductible)
Lab and imaging	\$10 (after deductible)	\$10 (after deductible)	\$10 (after deductible)
MRI/CT/PET	\$50 (after deductible)	\$50 (after deductible)	\$50 (after deductible)
Outpatient surgery	\$250 (after deductible)	\$250 (after deductible)	\$250 (after deductible)
EMERGENCY SERVICES			
Emergency Department visits (waived if admitted directly to hospital)	\$100 (after deductible)	\$100 (after deductible)	\$100 (after deductible)
Ambulance	\$75 (after deductible)	\$75 (after deductible)	\$75 (after deductible)
PRESCRIPTIONS⁵			
	(up to a 100-day supply)	(up to a 100-day supply)	(up to a 100-day supply)
Generic	\$10 ²	\$10 ²	\$10 ²
Brand	\$35 (after \$250 pharmacy deductible)	\$35 (after \$250 pharmacy deductible)	\$35 (after \$250 pharmacy deductible)
HOSPITAL CARE			
Physicians' services, room and board, tests, medications, supplies, therapies	\$500 per day (after deductible)	\$500 per day (after deductible)	\$500 per day (after deductible)
Skilled nursing facility care	\$50 per day (after deductible) (up to 60 days per benefit period)	\$50 per day (after deductible) (up to 60 days per benefit period)	\$50 per day (after deductible) (up to 60 days per benefit period)
MENTAL HEALTH SERVICES⁶			
In the medical office (up to 20 visits per calendar year)	\$30 (after deductible for individual therapy) \$15 (after deductible for group therapy)	\$30 (after deductible for individual therapy) \$15 (after deductible for group therapy)	\$40 (after deductible for individual therapy) \$20 (after deductible for group therapy)
In the hospital (up to 30 days per calendar year)	\$500 per day (after deductible)	\$500 per day (after deductible)	\$500 per day (after deductible)
CHEMICAL DEPENDENCY SERVICES			
In the medical office	\$30 (after deductible for individual therapy)	\$30 (after deductible for individual therapy)	\$40 (after deductible for individual therapy)
In the hospital (detoxification only)	\$500 per day (after deductible)	\$500 per day (after deductible)	\$500 per day (after deductible)
OTHER			
Certain durable medical equipment (DME) ⁷ DME used in the home in accord with our DME formulary	Not covered	Not covered	Not covered
Optical (eyewear)	Not covered	Not covered	Not covered
Vision exam	\$30 ²	\$30 ²	\$40 ²
Home health care (up to 100 two-hour visits per calendar year)	\$0 ²	\$0 ²	\$0 ²
Hospice care	\$0 ²	\$0 ²	\$0 ²

Note: The \$30/\$1,500 Deductible Plan is only available with a multiple plan offering. Your group must have a minimum of three subscribers.

¹The annual out-of-pocket maximum is the limit to the total amount that an individual or family must pay for certain services in a calendar year (as discussed in the *Evidence of Coverage*).

²This service is not subject to a deductible.

³Scheduled prenatal visits and the first postpartum visit

⁴23 months or younger

⁵Prescription drugs are covered in accord with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copayments; please refer to the *Evidence of Coverage* for detailed information about prescription drug copayments.

⁶Visit or day limits do not apply to serious emotional disturbances of children and severe mental illnesses as described in the *Evidence of Coverage*.

⁷Please refer to the *Evidence of Coverage* for more information; most DME is not covered.