

MEDICAL BENEFITS	PREFERRED PROVIDERS	NON-PREFERRED & EXTENDED PROVIDERS
<b>Annual Deductible</b> PCY (choose one)	Individual: \$3,000; Family: \$6,000*	
<b>Coinsurance</b> <sup>1</sup> (what you pay)	20%	50%
<b>Annual Coinsurance Maximum</b>	Individual: \$2,000; Family: \$4,000	Unlimited
<b>Out-of-Pocket Maximum</b>	Annual deductible + coinsurance maximum	
<b>Office Visit Cost Share</b>	Deductible applies first, then you pay 20%	Deductible applies first, then you pay 50%
<b>Lifetime Maximum</b>	\$2,000,000	
COVERED SERVICES	PREFERRED PROVIDERS	NON-PREFERRED & EXTENDED PROVIDERS
<b>PREVENTIVE CARE</b>		
<b>Preventive Care Exams</b> (routine medical exam, sports physical and women's health exams/well baby)	No deductible applies, you pay 20%	Deductible applies first, then you pay 50%
<b>Preventive Screenings</b> (includes Pap smear, PSA testing, home colon cancer screening, cholesterol screening and bone density test)	Covered in full <sup>2</sup>	
<b>Immunizations</b>		
<b>PROFESSIONAL CARE</b>		
<b>Office Visit including Urgent Care</b>	Deductible applies first, then you pay 20%	Deductible applies first, then you pay 50%
<b>Other Outpatient and Inpatient Professional Services</b>		
<b>ALTERNATIVE CARE</b>		
<b>Spinal and Other Manipulations</b> 12 visits PCY (visits shared with Acupuncture)	Deductible applies first, then you pay 20%	Deductible applies first, then you pay 50%
<b>Acupuncture</b> 12 visits PCY (visits shared with Spinal and Other Manipulations)		
<b>Naturopathy</b>		
<b>DIAGNOSTIC SERVICES</b>		
<b>Outpatient Diagnostic Imaging and Lab Services</b>	Deductible applies first, then you pay 20%	Deductible applies first, then you pay 50%
<b>Mammography</b>	Covered in full <sup>2</sup>	
<b>PHARMACY</b>		
<b>Retail Pharmacy</b> (30-day supply)	Deductible applies first, then you pay 20%; Preventive generic cardiac drugs are reimbursed at 100% <sup>2</sup>	
<b>Mail Service Pharmacy</b> (90-day supply)	Not available	
<b>EMERGENCY CARE</b>		
<b>Emergency Room Care</b>	Deductible applies first, then you pay 20%	
<b>Ambulance Transportation</b> Air (unlimited); Ground (\$5,000 PCY limit)		
<b>FACILITY CARE</b>		
<b>Inpatient Facility Care</b>	Deductible applies first, then you pay 20%	Deductible applies first, then you pay 50%
<b>Outpatient Facility Care</b>		
<b>Skilled Nursing Facility</b> 45 days PCY; includes room and board, ancillaries and professional fees		
<b>MATERNITY</b>		
<b>Maternity Care</b>	Deductible applies first, then you pay 20%	Deductible applies first, then you pay 50%
<b>VISION CARE</b>		
<b>Routine Vision Exam</b>	Not covered	
<b>Vision Hardware</b>		
<b>OTHER SERVICES</b>		
<b>Supplies, Equipment and Prosthetics</b> \$5,000 PCY	Deductible applies first, then you pay 20%	Deductible applies first, then you pay 50%
<b>Home Health Care</b> 130 visits PCY		
<b>Hospice Care</b> Inpatient: 10 days, Respite: 240 hours per 6 months lifetime maximum		
<b>Rehabilitation</b> (Includes Physical, Occupational & Speech Therapy, Cardiac & Pulmonary Rehab; & Chronic Pain) Outpatient: 20 visits PCY; Inpatient: 8 days PCY		
<b>Transplants (Organ &amp; Bone Marrow)</b> 12-month waiting period; \$250,000 Lifetime Benefit		
<b>Alcohol Dependency Treatment</b>	This optional benefit is available at an additional cost. It is limited to \$4,500 in any 24 consecutive months	

Deductible, coinsurance and copay represent what you pay. All coinsurance amounts are based on maximum allowable amounts. Benefits apply after calendar year deductible is met, unless otherwise noted as "no deductible," "copay," or "covered in full."

**PCY= Per Calendar Year**

- <sup>1</sup> All coinsurance amounts are the member's percentage of maximum allowable amounts after deductible
- <sup>2</sup> Benefits provided at 100% of maximum allowable amounts; not subject to deductible or coinsurance
- \* Services for all family members covered under the same HSA-qualified plan get applied to the same deductible. The family deductible must be met before services are covered for any enrolled family members.

**This is only a summary of major benefits. It is not a contract.**