

100/80% \$500
Coinsurance Plan

Understanding Your Benefits

Deductibles

You pay the following amounts each year before your health plan starts to pay toward the cost of covered services:

- \$500 per individual plan;
\$1,000 per family plan in network
- \$1,000 per individual plan;
\$2,000 per family plan out of network
- **Hybrid deductible:** All deductible payments count toward the family deductible amount, but the individual will never pay more than their individual deductible amount.

Out-of-pocket Limits

The following is the maximum amount you would pay out-of-pocket for covered healthcare services each year, including deductible, copays, and coinsurance.

- \$1,500 per individual plan;
\$3,000 per family plan in network
- \$3,000 per individual plan;
\$6,000 per family plan out of network
- **Hybrid out-of-pocket:** All out-of-pocket payments count toward the family out-of-pocket limit. The individual will never pay more than their individual out-of-pocket amount.

Please note:

The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

Network:

Extensive national network, with access to thousands of providers across the country.

What's Covered Service	What You Pay	
	In-Network	Out-of-Network
Preventive Care <ul style="list-style-type: none"> ▪ Adult preventive care ▪ Child preventive care ▪ Immunizations ▪ Preventive lab, X-ray, and imaging 	\$0 per visit	20% per visit after deductible
Primary Care Office Visits <ul style="list-style-type: none"> ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care 	\$20 per visit	20% per visit after deductible
Specialist Office Visits <ul style="list-style-type: none"> ▪ Specialty care ▪ Chiropractic (limit 12 visits per year) ▪ Routine eye exam (limit 1 visit per year) 	\$30 per visit	20% per visit after deductible
Outpatient Services <ul style="list-style-type: none"> ▪ Diagnostic lab, x-ray, and imaging 	\$0 per visit	20% per visit after deductible
<ul style="list-style-type: none"> ▪ Medical/surgical care ▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine, and sleep studies 	0% per visit after deductible	20% per visit after deductible
Inpatient Services <ul style="list-style-type: none"> ▪ Hospitalization ▪ Maternity ▪ Mental Health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year) 	0% per visit after deductible	20% per visit after deductible
Hospital Emergency Services	\$150 per visit	\$150 per visit