

Plan Highlights This is a partial listing of covered services	In-network Providers	Out-of-network Providers[#]	
Annual Maximum Benefit	\$3,000,000 (In-network and out-of-network combined)		
Annual Deductible – per calendar year	\$ 5,000 individual & \$ 10,000 family		
Out-of-pocket Maximum For Deductible and Coinsurance			
▪ Individual coverage	\$5,000	\$10,500	
▪ Family coverage	\$10,000	\$21,000	
Preventive Care Services[†] Including:	100% covered (not subject to deductible)	75% covered after deductible met limited to \$250 per calendar year	
▪ Cancer Screenings			
▪ Diphtheria/tetanus immunization			
▪ Cholesterol Screening			
Annual Physical	100% covered (not subject to deductible) \$500 calendar year maximum benefit		
Office Visits	100% covered after deductible met	75% covered after deductible met	
▪ Physician's office for illness or injury			
▪ Urgent care for illness or injury			
▪ Lab and x-ray			
Prescription Drugs	100% covered after deductible met	75% covered after deductible met	
Emergency Room	100% covered after deductible met	75% covered after deductible met Emergency conditions will be covered as in-network	
▪ Physician			
▪ Facility and all other charges			
Maternity Services* Prenatal Services and Delivery Services <i>Pre-certification required for hospital stays over the minimum coverage.</i>	100% covered after deductible met	75% covered after deductible met	
Ambulance Services	100% covered after deductible met	75% covered after deductible met	
Manipulative Therapy* Annual limit of \$500 for all providers	100% covered after deductible met	75% covered after deductible met	
Pre-certification Required	Hospital Services Inpatient, out-patient, including lab, x-ray, other diagnostic services and therapy services	100% covered after deductible met	75% covered after deductible met
	Radiology, pathology, lab and other diagnostic services Pre-certification required on CAT scan, MRI, PET scan & sleep studies	100% covered after deductible met	75% covered after deductible met
	Therapy Services ▪ Occupational and physical therapy ▪ Speech therapy	100% covered after deductible met	75% covered after deductible met
	Transplant Services	100% covered after deductible met	75% covered after deductible met
	Hospice Care Services	100% covered after deductible met	75% covered after deductible met
	Mental Illness and Chemical Dependency Services*	100% covered after deductible met	80% covered after deductible met

Eligibility for Dependents: Children can be covered up to age 26*. Coverage may be continued beyond age 26 for an unmarried child who is a student in an accredited institution of postsecondary education as long as full-time student status is maintained or the child is on medically necessary leave of absence from school due to serious illness or injury. Continued coverage during a medically necessary leave of absence from school is limited to 1 year from the date the leave of absence began.

A discount card for vision services will be provided to all members.

*Services may differ due to **State Mandates**.

This summary provides only guideline information and should not be relied upon for specific coverage information. The certificate sets forth the details of coverage provided. All services subject to copayments, deductibles and coinsurance shown in the schedule.

[#] Any services rendered by a non-network provider will be reimbursed based on reasonable and customary charges at the non-network provider payment levels (unless otherwise mandated by state law). Some providers in a network hospital, emergency room or clinic may not be in the network. Services by non-network providers will be paid at non-network rates even if services are received at a network facility. **To maximize your benefit from the plan, seek treatment from network providers.**

[†] **Preventive Care Services Cover:**

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force
- Immunizations for routine use that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved
- For infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
- For women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.