



This High Deductible Health Plan meets the Federal requirements of a Health Savings Account (HSA) qualifying plan. Members may contact the financial institution of their choice for information on HSA's and their benefits.

BENEFIT SUMMARY

| PLAN FEATURES | In-Network | Out-of-Network |
|-------------------------------------------------------------|--------------------------------------------------------|------------------------------------|
| Lifetime Maximum Benefit | \$2,000,000 | |
| Coinsurance Options | 100% | 70% R&C** |
| | 80% | 60% R&C** |
| Deductible Options (Family Maximum = 2x Individual) | \$1,500*, \$2,500, \$3,500, or \$5,000* | 2x in-network |
| Out-of-Pocket Maximum (Maximum Per Family 2x Individual) | \$2,000 per person plus deductible ¹ | \$4,000 per person plus deductible |
| Ambulance Services | Subject to Deductible & In-network Coinsurance | |
| Emergency Room Services | Subject to Deductible & In-network Coinsurance | |
| Preventive Services | \$300 per year not subject to deductible & coinsurance | |

The following services will be provided after deductible at the applicable coinsurance level:

- Diagnostic X-Ray, Lab, Echo, EEG, EKG, Pathology
- Disposable Medical Equipment (Maximum Benefit Per Year: \$2,000)
- Durable Medical Equipment (Maximum Benefit Per Year: \$2,500)
- Home Health Care (120 Visits Per Benefit Year)
- Hospice (Lifetime Maximum Benefit : \$5,000)
- Hospital Inpatient Services
- Hospital Outpatient Services
- Maternity Benefits (Optional - 12 Month Waiting Period Applies)
- Mental Health (90 Inpatient Days Per Benefit Year)
- Substance Abuse (21 Inpatient / 26 Outpatient Days Per Benefit Year)
- Outpatient Prescription Drugs
- Physician Office Visits
- Rehabilitation
- Skilled Nursing Facility (90 Inpatient Days Per Benefit Year)
- Spinal Manipulation Services (Maximum Benefit Per Year: \$250)
- Urgent Care Services



Our Child-Only Plan is available with this benefit design. (Maternity benefits excluded).

* \$1500 deductible provided at 80/60% coinsurance option only. \$5000 deductible provided at 100/70% coinsurance option only.

** All Out-of-Network charges are subject to Reasonable and Customary charge reductions.

¹ 100% plan has \$0 out-of-pocket maximum for In-Network services and \$4000 out-of-pocket maximum for Out-of-Network services.

This is only a brief summary of benefits, which is not intended to be comprehensive. Your Individual Health Policy document is the governing document for benefit information.