

	Wellness Plan		Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Plan/lifetime maximum</b>	Unlimited		Unlimited	
<b>Plan Year deductible</b> (must be satisfied before benefits are paid)	\$400/individual \$800/family max	\$600/individual \$1,200/family max	\$1,000/individual \$2,000/family max	\$1,500/individual \$3,000/family max
<b>Out-of-pocket maximum</b> (not including deductible, if applicable)	\$1,400/individual \$2,800/family max	\$3,400/individual \$5,200/family max	\$4,500/individual \$9,000/family max	\$7,000/individual \$14,000/family max
<b>PHYSICIAN OFFICE VISITS</b>				
Primary Care Physician Office visit/consultation	\$25 copay	30% after deductible	\$30 copay	40% after deductible
Specialty Office visit	\$35 copay		\$40 copay	
Allergy testing / serum	No copay		20% after deductible	
Allergy shots	No copay		No copay	
Maternity Services (beyond initial visit)	No copay		20% after deductible	
Pathology Services	Paid at 100% up to \$500. After \$500, 20% deductible			
Surgery, Radiology & Pathology (office)	20% after deductible			
Chemotherapy/Radiation Therapy				
Routine Vision Exam plus Refraction	\$35 copay	Not covered		Not covered
<b>PREVENTIVE EXAMS</b>				
Flu Shots	Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. There are no age restrictions on preventive screenings.	Covered at 30% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside the National Health Care Reform guidelines, they are not covered.	Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside the National Health Care Reform guidelines, they are not covered.	Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside the National Health Care Reform guidelines, they are not covered.
Annual exam (includes foot exams for diabetics)				
Child immunizations				
Adult immunizations				
Pneumococcal Immunizations				
Well baby exams				
Diabetes vision screening				
Mammogram				
Pap smear				
Colonoscopy				
Prostate cancer screening	No copay	30% after deductible	20% after deductible	40% after deductible
<b>EMERGENCY CARE</b>				
Ambulance	No copay	30%; deductible waived	20% after deductible	40% after deductible
Urgent care center	\$35 copay	30% after deductible	20% after deductible	
Hospital emergency room	20% after deductible		20% after deductible	
<b>HOSPITAL SERVICES</b>				
Inpatient hospital	20% <sup>(1)</sup> after deductible	30% <sup>(1)</sup> after deductible	20% <sup>(1)</sup> after deductible	40% <sup>(1)</sup> after deductible
Ambulatory Surgical Center	20% after deductible	30% after deductible	20% after deductible	40% after deductible
Approved skilled nursing facility				
Outpatient hospital services (diagnostic lab., radiology)				
Durable medical equipment				
Home health care, Hospice care				
Chiropractic Office visit <sup>2</sup>	\$35 copay (maximum 60 sessions/plan yr)	30% after deductible (maximum 60 sessions/plan yr)	20% after deductible (maximum 60 sessions/plan yr)	40% after deductible (maximum 60 sessions/plan yr)
Outpatient rehabilitation services (includes OT, PT, and ST) <sup>2,3</sup>	\$25 copay (maximum 60 sessions/plan yr)			
<b>BEHAVIORAL HEALTH SERVICES</b>				
Inpatient mental health and substance abuse treatment	20% after deductible	30% after deductible	20% after deductible	40% after deductible
Outpatient mental health and substance abuse treatment	20% after deductible	30% after deductible	20% after deductible	40% after deductible

1. Insurance carrier must be notified within 24 hours of all inpatient hospital admissions. Please see SPD for details.

2. Chiropractic, OT, PT, and ST visits remain combined to 60 sessions a plan year.

3. Chiropractic and outpatient rehabilitation services (OT, PT, and ST) visits are distinct, separate visits that apply to the total maximum of 60 sessions a plan year.

**EXAMPLE:** John sees a chiropractor on a regular basis. In August, he sees a Physical Therapist 6 times and an Occupational Therapist 3 times. He has used a total 9 sessions of the 60 he is allowed in a calendar year. He has 51 visits available for the chiropractor or outpatient rehabilitation services for the rest of the calendar year.

Regular Plan		High Deductible Plan	
In-Network	Out-of-Network	In-Network	Out-of-Network
Unlimited		Unlimited	
\$800/individual \$1,600/family max	\$1,200/individual \$2,400/family max	\$1,250/individual \$2,500/family max	\$2,500/individual \$5,000/family max
\$2,000/individual \$4,000/family max	\$3,750/individual \$7,500/family max	\$2,500/individual \$5,000/family max	\$5,000/individual \$10,000/family max
\$30 copay	30% after deductible	\$30 copay	40% after deductible
\$40 copay		\$40 copay	
20% after deductible		30% after deductible	
Covered at 100% for children under age 5 only		Covered at 100% for children under age 5 only	
Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside the National Health Care Reform guidelines, they are not covered.	Covered at 30% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside the National Health Care Reform guidelines, they are not covered.	Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside the National Health Care Reform guidelines, they are not covered.	Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines. If services are outside the National Health Care Reform guidelines, they are not covered.
Not covered		Not covered	
20%; deductible waived	30%; deductible waived	30%; deductible waived	40%; deductible waived
20% after deductible	30% after deductible	30% after deductible	40% after deductible
20% after deductible		20% after deductible	
20% <sup>(1)</sup> after deductible	30% <sup>(1)</sup> after deductible	30% <sup>(1)</sup> after deductible	40% <sup>(1)</sup> after deductible
20% after deductible	30% after deductible	30% after deductible	40% after deductible
20% after deductible (maximum 60 sessions/plan yr)	30% after deductible (maximum 60 sessions/plan yr)	30% after deductible (maximum 60 sessions/plan yr)	40% after deductible (maximum 60 sessions/plan yr)
20% after deductible	30% after deductible	30% after deductible	40% after deductible
20% after deductible	30% after deductible	30% after deductible	40% after deductible

**Important Information:** This document provides a general summary of basic benefit plan provisions and is not a substitute for the official certificates of coverage. This is not a contract. If there are any inconsistencies between this summary and the official certificates of coverage, the certificates of coverage will prevail. Please refer to the certificate of coverage for exact benefits, exclusions and limitations.