



Calendar Year Deductible	
Individual	\$200
Family	\$400
Out-of-Pocket Maximum ¹	
	+1 500
Individual	\$1,500
Family	\$3,000
Coinsurance	80%
Covered Services	
Emergency/Urgent Care Services	
Emergency Room Visit	80% of R&C subject to deductible
Emergency Room Physicians	80% of R&C subject to deductible
Urgent Care Services	80% of R&C subject to deductible
Hospital Facility Only	
Inpatient Services	80% of R&C subject to deductible
Outpatient Services	80% of R&C subject to deductible
Surgical Services	
Outpatient Surgery Center	80% of R&C subject to deductible
Office Surgery	80% of R&C subject to deductible
Surgeon Services	80% of R&C subject to deductible
Anesthesia Services	80% of R&C subject to deductible
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Reproductive Care	
Pre and Postpartum Maternity Care Visits	80% of R&C subject to deductible
Childbirth Education classes	Not Covered
Elective Sterilization	80% of R&C subject to deductible
Infertility Diagnosis and Medical Treatment	80% of R&C subject to deductible
Fertility Treatments	Not Covered

¹ Excludes Prescription Co-payments and Coinsurance, Prior Authorization Penalties and amounts over Reasonable and Customary Charges.





Covered Services		
Mental Health and Substance Abuse/Alcohol Abuse Services		
Inpatient	80% of R&C subject to deductible	
Outpatient	80% of R&C subject to deductible	
Detoxification	80% of R&C subject to deductible	
Residential	Not Covered	
Preventive Care Services		
Adult Routine Well Care Visit	100%	
Child Routine Well Care Visit	100%	
Other Well Care Services (As defined by Health Care Reform)	100%	
Medical Services		
Allergy Tests	80% of R&C subject to deductible	
Desensitization Treatment	80% of R&C subject to deductible	
Specialist Office Visits	80% of R&C subject to deductible	
Primary Care Office Visits	80% of R&C subject to deductible	
Services performed during a physician's office visit	80% of R&C subject to deductible	
Convenience Clinics	80% of R&C subject to deductible	
Inpatient Physician Services	80% of R&C subject to deductible	
Outpatient Physician Services	80% of R&C subject to deductible	
Other Services		
Ambulance Services	80% of R&C subject to deductible	
Non Emergent Transport	80% of R&C subject to deductible	
Diabetic Supplies (Monitors when provided in conjunction with supplies, Lancets, Test Strips and Control Solutions)	100%	





Covered Services	
Durable Medical Equipment	80% of R&C subject to deductible
Habilitative Care Services (limited to 20 visits each per year for speech and occupational therapy; 20 hours per week for clinical therapeutic intervention; and 30 visits per year for mental/behavioral health)	80% of R&C subject to deductible
Home Health Care (limited to 120 visits)	80% of R&C subject to deductible
Hospice Care	80% of R&C subject to deductible
Rehabilitative/Therapy Services (limited to 60 visits per year; includes physical, occupational, speech, cardiac, chiropractic and acupuncture)	80% of R&C subject to deductible
Skilled Care Facility (limited to 120 days)	80% of R&C subject to deductible
Diagnostic X-ray & Laboratory Services	80% of R&C subject to deductible
TMJ (limited to \$3,000 per lifetime for non surgical treatment)	80% of R&C subject to deductible
Transplants	80% of R&C subject to deductible
All Other Covered Services	80% of R&C subject to deductible