

\$0/\$1,500 Deductible plan with HSA

| Features | Member pays |
|--|----------------------------|
| Medical calendar-year deductible (Individual & Family) | \$1,500 / \$3,000 |
| Annual out-of-pocket maximum | \$1,500 / \$3,000 |
| Lifetime benefit maximum | None |
| Professional services (plan provider office visits) | |
| Primary and specialty care visits (includes routine and urgent care appointments) | No charge after deductible |
| Well-child visits from 0 to 23 months | No charge ¹ |
| Family planning visits | No charge after deductible |
| Scheduled prenatal care | No charge ¹ |
| First postpartum visit | No charge after deductible |
| Eye exams | No charge after deductible |
| Hearing tests | No charge after deductible |
| Chiropractic office visits | Not covered |
| Physical, occupational, and speech therapy visits | No charge after deductible |
| Outpatient services | |
| Outpatient surgery | No charge after deductible |
| Allergy injection visits | No charge after deductible |
| Vaccines (immunizations) | No charge ¹ |
| Most X-rays and lab tests | No charge after deductible |
| Health education | |
| Individual visits | No charge after deductible |
| Group visits | No charge after deductible |
| Hospitalization services | |
| Room and board, surgery, anesthesia, X-rays, lab tests, and medications | No charge after deductible |
| Emergency health coverage | |
| Emergency Department visits | No charge after deductible |
| Ambulance services | |
| Emergency ambulance services | No charge after deductible |
| Prescription drug coverage | |
| Covered items in accord with our drug formulary when obtained at Plan pharmacies | |
| Generic drugs (up to a 100-day supply) | No charge |
| Brand-name drugs (up to a 100-day supply) | No charge |
| Durable medical equipment (DME) | |
| DME used in the home in accord with our DME formulary | Not covered |
| Prosthetic and orthotic devices | No charge |
| Mental health services | |
| Inpatient psychiatric care | |
| Inpatient psychiatric care (up to 30 days per calendar year) | No charge after deductible |
| Outpatient visits (up to 20 individual/group visits per calendar year) | |
| Individual visits | No charge after deductible |
| Group therapy visits | No charge after deductible |
| Chemical dependency services | |
| Inpatient detoxification | No charge after deductible |
| Outpatient individual therapy visits | No charge after deductible |
| Outpatient group therapy visits | No charge after deductible |
| Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any five-year period) | No charge after deductible |
| Home health services | |
| Home health care (up to 100 two-hour visits per calendar year) | No charge after deductible |
| Other | |
| Skilled nursing facility care | No charge after deductible |
| Hospice care | No charge after deductible |