

\$500 Deductible plan

Features	Member pays
Medical calendar-year deductible (Individual & Family)	\$500 / \$1,000
Annual out-of-pocket maximum	\$2,500 / \$5,000
Lifetime benefit maximum	None
Professional services (plan provider office visits)	
Primary and specialty care visits (includes routine and urgent care appointments)	\$20 per visit ¹
Well-child visits from 0 to 23 months	No charge ¹
Family planning visits	\$20 per visit ¹
Eye exams	\$20 per visit ¹
Hearing tests	\$20 per visit ¹
Physical, occupational, and speech therapy visits	\$20 per visit after deductible
Outpatient services	
Outpatient surgery	\$50 per procedure after deductible
Allergy injection visits	\$5 per visit after deductible
Vaccines (immunizations)	No charge ¹
Most X-rays and lab tests	\$10 per encounter after deductible
Health education	
Individual visits	\$20 per visit ¹
Group visits	No charge ¹
Hospitalization services	
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$100 per day after deductible
Emergency health coverage	
Emergency Department visits (waived if admitted directly to the hospital)	\$100 per visit
Ambulance services	
Emergency ambulance services	\$150 per trip after deductible
Prescription drug coverage	
Covered items in accord with our drug formulary when obtained at Plan pharmacies	
Generic drugs	\$10 up to a 30-day supply
Brand-name drugs	\$35 up to a 30-day supply
Mail-order program (100-day supply for most maintenance drugs)	\$20 generic/\$70 brand
Durable medical equipment (DME)	
DME used in the home in accord with our DME formulary	20% coinsurance up to a \$2,000
Prosthetic and orthotic devices	No charge
Mental health services	
Inpatient psychiatric care	
Inpatient psychiatric care (up to 30 days per calendar year)	\$100 per day
Outpatient visits (deductible doesn't apply). Up to a total of 20 individual and group visits per calendar year.	
Individual visits	\$20 per individual visit
Group therapy visits	\$10 per group visit
Chemical dependency services	
Inpatient detoxification	\$100 per day
Outpatient individual therapy visits	\$20 per visit
Outpatient group therapy visits	\$5 per visit
Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any five-year period)	\$100 per admission after deductible
Home health services	
Home health care (up to 100 two-hour visits per calendar year)	No charge ¹
Other	
Skilled Nursing Facility care (up to 100 days per benefit period)	No charge
Hospice care	No charge ¹