

Benefit highlights

	\$1,000 DEDUCTIBLE PLAN (80%) with Rx	\$1,500 DEDUCTIBLE PLAN (80%) with Rx	\$2,000 DEDUCTIBLE PLAN (70%) with Rx
Features			
Individual plan annual deductible (subscriber only) ¹	\$1,000	\$1,500	\$2,000
Family plan annual deductible (individual/family) ^{1,2}	\$1,000/\$3,000	\$1,500/\$4,500	\$2,000/\$6,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$4,000	\$6,000	\$5,000
Family plan annual out-of-pocket maximum (individual/family) ²	\$4,000/\$8,000	\$6,000/\$12,000	\$5,000/\$10,000
Lifetime benefit maximum	None		
Benefits			
Services not subject to deductible unless otherwise indicated			
Preventive care			
Immunizations	No charge		
Adult preventive care exam	No charge		
Well-child visit	No charge		
Well-woman visit	No charge		
Adult preventive care screening	No charge		
Colorectal cancer screening	No charge		
Outpatient services (per visit or procedure)			
Primary care/Specialty care office visit	\$30 copay/\$50 copay		
Ambulatory surgery	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Diagnostic lab	No charge		
Therapeutic and diagnostic X-ray	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Inpatient hospital care			
Hospital care and professional visits	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Maternity			
Prenatal care/Delivery and inpatient well-baby care	Not covered		
Emergency and urgent care			
Emergency room visit (waived if admitted)	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Nonroutine care	\$30 copay		
After-hours care	\$75 copay		
Ambulance service	20% coinsurance (up to \$500 per trip)	30% coinsurance (up to \$500 per trip)	
Prescription drugs			
Rx subject to \$200 drug deductible unless otherwise indicated			
Pharmacy (up to a 30-day supply) ³	Generic: \$5 copay (not subject to drug deductible) Brand: \$30 copay	Generic: \$15 copay Brand: \$30 copay	
Mail-order (up to a 90-day supply) ³	Generic: \$10 copay (not subject to drug deductible) Brand: \$60 copay	Generic: \$30 copay Brand: \$60 copay	

¹In deductible plans, the deductible does not apply to the out-of-pocket maximum.

²For families in a deductible plan, individual family members are responsible for meeting the family deductible and out-of-pocket maximum only up to the individual deductible and out-of-pocket maximum amount, until the family out-of-pocket maximum is met.

³The drug deductible does not apply to the medical deductible or the out-of-pocket maximum. There are different copays and coinsurance for nonpreferred and specialty drugs. See the *Membership Agreement* for specific details.

