

Benefit highlights

	\$2,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (80%)	\$2,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)	\$2,500 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)
Features			
Individual plan annual deductible (subscriber only) ¹	\$2,000		\$2,500
Family plan annual deductible (individual/family) ^{1,2}	\$4,000/\$4,000		\$5,000/\$5,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$5,000	\$2,000	\$2,500
Family plan annual out-of-pocket maximum (individual/family) ²	\$10,000/\$10,000	\$4,000/\$4,000	\$5,000/\$5,000
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	20% coinsurance (after deductible)	No charge (after deductible)	
Ambulatory surgery	20% coinsurance (after deductible)	No charge (after deductible)	
Diagnostic lab	20% coinsurance (after deductible)	No charge (after deductible)	
Therapeutic and diagnostic X-ray	20% coinsurance (after deductible)	No charge (after deductible)	
Inpatient hospital care			
Hospital care and professional visits	20% coinsurance (after deductible)	No charge (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)	No charge (after deductible)	
Nonroutine care	20% coinsurance (after deductible)	No charge (after deductible)	
After-hours care	20% coinsurance (after deductible)	No charge (after deductible)	
Ambulance service	20% coinsurance (after deductible)	No charge (after deductible)	
Prescription drugs			
Pharmacy (up to a 30-day supply) ³	Not covered	No charge (after deductible)	
Mail-order (up to a 90-day supply) ³	Not covered	No charge (after deductible)	

¹In HSA-qualified deductible HMO plans, the deductible does apply to the out-of-pocket maximum.

²For family memberships in an HSA-qualified deductible HMO plan, the individual deductible and out-of-pocket maximum do not apply. The family deductible and out-of-pocket maximum can be met by a combination of family members.

³See the *Membership Agreement* for specific details.

	\$3,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)	\$4,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)	\$5,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)
Features			
Individual plan annual deductible (subscriber only) ¹	\$3,000	\$4,000	\$5,000
Family plan annual deductible (individual/family) ^{1,2}	\$6,000/\$6,000	\$8,000/\$8,000	\$10,000/\$10,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$3,000	\$4,000	\$5,000
Family plan annual out-of-pocket maximum (individual/family) ²	\$6,000/\$6,000	\$8,000/\$8,000	\$10,000/\$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	No charge (after deductible)		
Ambulatory surgery	No charge (after deductible)		
Diagnostic lab	No charge (after deductible)		
Therapeutic and diagnostic X-ray	No charge (after deductible)		
Inpatient hospital care			
Hospital care and professional visits	No charge (after deductible)		
Maternity			
Prenatal care/Delivery and inpatient well-baby care	Not covered		
Emergency and urgent care			
Emergency room visit (waived if admitted)	No charge (after deductible)		
Nonroutine care	No charge (after deductible)		
After-hours care	No charge (after deductible)		
Ambulance service	No charge (after deductible)		
Prescription drugs			
Pharmacy (up to a 30-day supply) ³	No charge (after deductible)		
Mail-order (up to a 90-day supply) ³	No charge (after deductible)		

This is only a summary. For more detailed information, refer to the *Health Benefit Plan Description Form*, which you may obtain by calling 1-800-634-4579. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.