

Benefits after the Calendar Year Deductible	Network	Non-Network
Lifetime Benefits	\$2,000,000	
Deductible - Calendar Year		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Out-of-Pocket Maximum - Calendar Year †		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Chiropractic Calendar Year Maximum \$500	60%	40%
Durable Medical Equipment (DME) & Prosthetic Devices Calendar Year Maximum \$2,000	60%	40%
Emergency Care	60%	40%
Injections - Includes allergy shots.	60%	40%
Maternity Physician Services Includes routine prenatal, delivery, and postnatal care.	60%	40%
Outpatient Health / Substance Abuse Limited to 20 visits per Calendar Year	60%	40%
Physician Office Visit	60%	40%
Preventive Care Services Routine Mammogram and Pap Smear Routine PSA Test Routine Annual Physical Exam (maximum \$350)	100%	none
Prescription Drugs ††		
Generic Drug		80%
Brand Name Drug		60%
Stop Smoking Includes Zyban and Nicoderm CQ. If a member presents a prescription and enrolls in a covered support program.		
Generic Drug		60%
Brand Name Drug		40%
Limited to three units of covered therapies per year.		
Transplant Services Includes evaluation, reasonable transportation and lodging.	60%	40%
Urgent Care	60%	40%
Vision Care - Routine - One refraction exam per year.	60%	40%
Others Eligible Charges Hospital, surgical expenses, anesthesia, outpatient and inpatient services, and diagnostic x-rays and lab. Home healthcare, skilled nursing, rehabilitation services limited to 100 visits per Calendar Year.	60%	40%

† Should out-of-pocket expenses exceed the per person or per family limit during a Calendar Year, benefits will be paid at 100% of eligible expenses for the remainder of that year.

†† 31-day supply from a retail network pharmacy or 90-day supply from mail order pharmacy

The member's cost for care from non-network providers includes all charges greater than the eligible expenses.

Benefits after the Calendar Year Deductible	Network	Non-Network
Lifetime Benefits	\$2,000,000	
Deductible - Calendar Year		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-of-Pocket Maximum - Calendar Year †		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
Chiropractic Calendar Year Maximum \$500	90%	60%
Durable Medical Equipment (DME) & Prosthetic Devices Calendar Year Maximum \$2,000	90%	60%
Emergency Care	90%	60%
Injections - Includes allergy shots.	90%	60%
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Outpatient Health / Substance Abuse Limited to 20 visits per Calendar Year	90%	60%
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