



<b>Benefit Features:</b>	<b>HealthyValue 3500 IN-NETWORK</b>	<b>HealthyValue 3500 OUT-OF-NETWORK</b>
<b>Deductible</b>	\$3,500 Single / \$7,000 Family	\$7,000 Single / \$14,000 Family
<b>Lifestyle Deductible</b> (Reduced Deductible based on Wellness Points earned)	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family
<b>Co-insurance</b>	50%	70%
<b>Co-insurance Maximum</b>	\$2,500 Single / \$5,000 Family	\$5,000 Single / \$10,000 Family
<b>Out-of-Pocket Maximum</b> (OOP Max does not include copays and Rx copays)	\$6,000 Single / \$12,000 Family	\$12,000 Single / \$24,000 Family
<b>Preventive Services</b>	100%	100%
<b>Physician Services</b>		
- Primary Care Office Visit	\$30 Copay	Deductible / Co-insurance
- Specialist Office Visit	\$50 Copay	Deductible / Co-insurance
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance
<b>Telephonic Physician Consultations</b>	\$0 Copay	\$0 Copay
<b>Outpatient Lab</b>	100% if preferred vendor, otherwise Deductible / Co-insurance	Deductible / Co-insurance
<b>Outpatient Radiology and Imaging</b>	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance
- Physician Office / Freestanding Imaging Ctr.	\$500 Copay, then Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient		Deductible / Co-insurance
<b>Diabetic Supplies</b>	100% if preferred vendor, otherwise Deductible / Co-insurance	Deductible / Co-insurance
<b>Allergy Treatment</b>	\$25 Copay, then 100% to \$100 per visit	Deductible / Co-insurance
<b>Outpatient Rehab &amp; Therapy</b>	Deductible / Co-insurance	Deductible / Co-insurance
<b>Chiropractic Services</b>	Deductible / Co-insurance	Deductible / Co-insurance
<b>Emergency Services</b>	Copay waived if admitted	Copay waived if admitted
- Hospital ER (Facility Charge Only)	\$250 Copay, then Deductible / Co-insurance	\$250 Copay, then Deductible / Co-insurance
- Urgent Care / ER Professional Services	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	Deductible / Co-insurance
- Ambulance	Deductible / Co-insurance	Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance
<b>Outpatient Surgical Procedures</b>	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance
- Physician Office / Freestanding Surgery Ctr.	\$1,000 Copay per visit, then Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient		Deductible / Co-insurance
<b>Inpatient Hospitalization</b>		
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesiologist & Surgeon Fees	Deductible / Co-insurance	Deductible / Co-insurance
<b>Home Health, Skilled Nursing &amp; Hospice Care</b>	Deductible / Co-insurance	Deductible / Co-insurance
<b>Mental Health &amp; Substance Abuse</b>	Deductible / Co-insurance	Deductible / Co-insurance
<b>Durable Medical Equipment</b>	Deductible / Co-insurance	Deductible / Co-insurance
<b>Prescription Drug Benefits</b>		
- Preferred Align Network	\$20 / \$50 / \$75 / 50%	Not Covered
- Standard National Network	\$25 / \$60 / \$85 / 50%	Not Covered

NOTE: This outline is intended as a brief overview of the actual plan and represents In-network benefit levels. As per ACA requirements, the In-network Out-of-Pocket Maximum (including deductible, co-insurance, copays and Rx copays) for each plan is \$6,850 Single / \$13,700 Family, except for the HealthyValue 10,000 Plan. Out-of-network deductibles are 2x In-network Deductible. Out-of-network Co-Insurance percentage and out-of-pocket amounts vary by plan selection. Please refer to your Plan Summary Document (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request a SPD from Lifestyle Health Plans or your sales representative. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non coverage of services.