

Benefit Features:	HealthyConsumer 5000	HealthyConsumer 5000
	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$5,000 Single / \$10,000 Family (Embedded Deductible)	\$10,000 Single / \$20,000 Family (Embedded Deductible)
Lifestyle Deductible (Reduced Deductible based on Wellness Points earned)	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family
Co-insurance	0%	50%
Co-insurance Maximum	No Co-insurance Responsibility	\$2,500 Single / \$5,000 Family
Out-of-Pocket Maximum (OOP Max does not include copays and Rx copays)	\$5,000 Single / \$10,000 Family	\$12,500 Single / \$25,000 Family
Preventive Services	100%	100%
Physician Services - Primary Care Office Visit - Specialist Office Visit - Physician & Surgeon Professional Services - Anesthesia Services (Physician / CRNA)	After Deductible, \$30 Copay After Deductible, \$50 Copay Deductible / Co-insurance Deductible / Co-insurance	Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay
Outpatient Lab	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Radiology and Imaging - Physician Office / Freestanding Imaging Ctr. - Hospital Outpatient	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance Deductible / Co-insurance
Diabetic Supplies	Deductible / Co-insurance	Deductible / Co-insurance
Allergy Treatment	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services - Hospital ER (Facility Charge Only) - Urgent Care / ER Professional Services - Ambulance - Air Ambulance	Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance	Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance
Outpatient Surgical Procedures - Physician Office / Freestanding Surgery Ctr. - Hospital Outpatient	Pre-certification required prior to scheduling, Deductible / Co-insurance Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance Deductible / Co-insurance
Inpatient Hospitalization - Medical Facility Services - Anesthesiologist & Surgeon Fees	Deductible / Co-insurance Deductible / Co-insurance	Deductible / Co-insurance Deductible / Co-insurance
Home Health, Skilled Nursing & Hospice Care	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits - Preferred Align Network - Standard National Network	After Deductible \$20 / \$50 / \$75 / 50% \$25 / \$60 / \$85 / 50%	Not Covered 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 for HDHP Plans (including deductible, co-insurance, copays and Rx copays) for each plan is \$6,550 Single / \$13,100 Family. 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.