



Benefit Features:	Healthy100 3000 IN-NETWORK	Healthy100 3000 OUT-OF-NETWORK
Deductible	\$3,000 Single / \$6,000 Family	\$6,000 Single / \$12,000 Family
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)	\$3,000 Single / \$6,000 Family	\$8,500 Single / \$17,000 Family
Preventive Services	100%	100%
Physician Services		
- 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
Telephonic Physician Consultations	\$0 Copay	\$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Radiology and Imaging	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
Diabetic Supplies	100% if preferred vendor, otherwise Deductible / Co-insurance	Deductible / Co-insurance
Allergy Treatment	\$25 Copay, then 100% to \$100 per visit	Deductible / Co-insurance
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services	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
Outpatient Surgical Procedures	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
Inpatient Hospitalization		
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesiologist & Surgeon Fees	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	\$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 representative 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. 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.