

PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$6,500 Single / \$13,000 Family (Embedded Deductible)	\$13,000 Single / \$26,000 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 LIMIT (Deductible + Co-Insurance Max) (OOP Limit does not include copays and Rx copays)	\$6,500 Single / \$13,000 Family	\$15,500 Single / \$31,000 Family
ACA MAXIMUM OUT-OF-POCKET	\$6,650 Single / \$13,300 Family	Unlimited
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, \$30 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	Deductible / Co-insurance Deductible / Co-insurance	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 - Implant Device	Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance ¹	Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance ¹
INPATIENT HOSPITALIZATION - Medical Facility Services - Anesthesiologist & Surgeon Fees	Deductible / Co-insurance Deductible / Co-insurance	Deductible / Co-insurance Deductible / Co-insurance
INPATIENT SURGICAL PROCEDURES - Implant Device	Deductible / Co-insurance Deductible / Co-insurance ¹	Deductible / Co-insurance Deductible / Co-insurance ¹
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 - Generic - Brand / Non-Preferred Brand / Specialty - International Mail Order - Brand	Refer to Preferred Formulary & SPD for details After Deductible, \$1 Copay / \$15 Copay After Deductible, \$50 Copay / \$80 Copay / 50% After Deductible, \$0 Copay if preferred vendor ²	Not Covered Not Covered Not Covered

IMPORTANT NOTES:

¹ Deductible / Co-insurance (Benefit Max of 200% of manufacturer invoice or scheduled benefit pricing, whichever is greater)

² Participation in Mail Order Program is voluntary

This outline is intended as a brief overview of the actual plan and representative benefit levels. 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. Please refer to your Summary Plan 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.