



Medical Plan Design Overview

Lifestyle Health Plans offers 16 standard major medical plan designs grouped into four different product families. Designed with maximum flexibility in plan selection in mind, you can mix and match plans for the benefit program that is right for your group.

HealthyChoice

- Choice PPO Plans
- Lower Deductible Levels
- 80/20 Co-insurance
- Office Visit, Hospital/ER and Prescription Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

Healthy100

- 100% Co-insurance Plans
- Mid-range Deductible Levels
- Minimum Value Plan Options Include **H100 5000 Plan**
- Office Visit, Hospital/ER and Prescription Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

HealthyValue

- Cost-saving Plan Designs
- Higher Deductible Levels / Variations of Co-insurance
- Minimum Value Plan Options **Include HV 6850 Plan**
- Office Visit, Hospital/ER and Prescription Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

HealthyConsumer

- Qualified HDHP Plan Designs for HRA / HSA integration
- Higher Deductibles (Embedded) and 100% Co-insurance
- Minimum Value Plan Options Include **HCons 5000 & HCons 6500 Plans**
- Preventive Services are covered at 100%
- Office Visit Copays apply once Elected Deductible is met
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

HealthyEssentials

Available for groups with 50+ full time eligible, our HealthyEssentials Minimum Essential Coverage (MEC) plans are designed to supplement our Minimum Value and buy-up major medical plans as a wellness and preventive services only plan design. Consult your Lifestyle Health sales representative if you would like to learn more about these products.

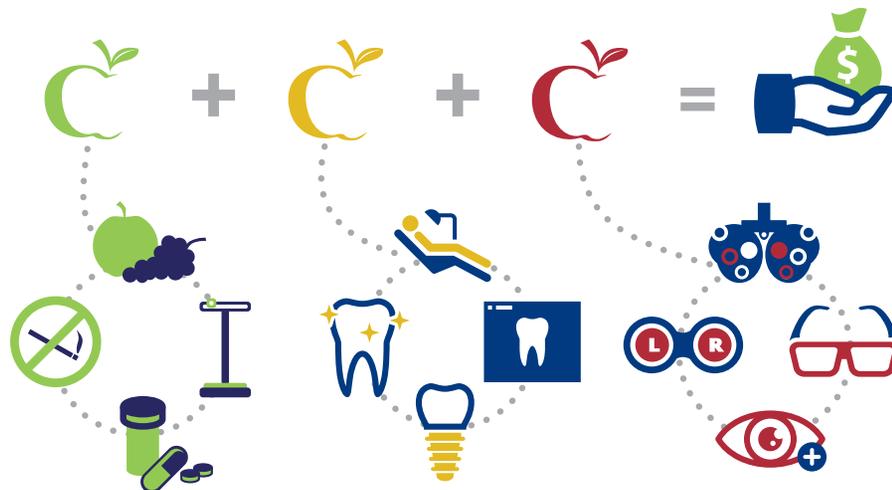
Turnkey Medical, Dental and Vision

Lifestyle Health Plans is your starting point for great group health benefits, built on an ERISA fully-funded insurance platform and integrating many of the consumer-driven features that will differentiate your medical benefits program for years to come.

But the benefits do not stop at medical alone - Lifestyle now offers turnkey Dental and Vision programs that are specifically designed to compliment our

wellness-inspired group health benefits program. It's a fact that preventive dental and vision care often assist with the early detection of serious diseases or conditions.

Under the turnkey administration of Medova Healthcare as administering TPA, you now have the option to elect medical, dental and vision benefits in one package!



Bundle Products and Save More!

Dental and vision benefits do not need to be complicated and our program is designed with some straightforward, cost-competitive plan designs to best meet the needs of your employees and their families.

The Lifestyle Dental and Vision products are only available for employers who offer Lifestyle Health Plans for their group health benefits. In order to have access to our Dental and Vision Programs at the Bundled Rates, you must offer Lifestyle Health Plans as the major medical product for your group.



Benefit Features:	HealthyChoice 1000	HealthyChoice 1500	HealthyChoice 2000	HealthyChoice 2500
Deductible	\$1,000 Single / \$2,000 Family	\$1,500 Single / \$3,000 Family	\$2,000 Single / \$4,000 Family	\$2,500 Single / \$5,000 Family
Lifestyle Deductible <small>(Reduced Deductible based on wellness points earned)</small>	\$500 Single / \$1,000 Family			
Co-insurance	80/20	80/20	80/20	80/20
Co-insurance Maximum	\$2,500 Single / \$5,000 Family			
Out-of-Pocket Maximum <small>(OOP Max does not include copays and Rx Copays)</small>	\$3,500 Single / \$7,000 Family	\$4,000 Single / \$8,000 Family	\$4,500 Single / \$9,000 Family	\$5,000 Single / \$10,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services				
- Primary Care Office Visit	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist Office Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise 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	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			
- Hospital Outpatient				
Diabetic Supplies	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Allergy Treatment	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services	Copay waived if admitted			
- Hospital ER (Facility Charge Only)	\$250 Copay, then Deductible / Co-insurance			
- Urgent Care / ER Professional Services	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance
- Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	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	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	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance
- Hospital Outpatient				
Inpatient Hospitalization				
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- 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	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits				
- Preferred Align Network	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%
- Standard National Network	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%

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. 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.

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Benefit Features:	Healthy100 2500	Healthy100 3000	Healthy100 3500	Healthy100 5000
Deductible	\$2,500 Single / \$5,000 Family	\$3,000 Single / \$6,000 Family	\$3,500 Single / \$7,000 Family	\$5,000 Single / \$10,000 Family
Lifestyle Deductible <small>(Reduced Deductible based on wellness points earned)</small>	\$500 Single / \$1,000 Family			
Co-insurance	None	None	None	None
Co-insurance Maximum	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility
Out-of-Pocket Maximum <small>(OOP Max does not include copays and Rx Copays)</small>	\$2,500 Single / \$5,000 Family	\$3,000 Single / \$6,000 Family	\$3,500 Single / \$7,000 Family	\$5,000 Single / \$10,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services				
- Primary Care Office Visit	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist Office Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise 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	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			
- Hospital Outpatient				
Diabetic Supplies	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Allergy Treatment	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services	Copay waived if admitted			
- Hospital ER (Facility Charge Only)	\$250 Copay, then Deductible / Co-insurance			
- Urgent Care / ER Professional Services	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance
- Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	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	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	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance
- Hospital Outpatient				
Inpatient Hospitalization				
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- 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	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits				
- Preferred Align Network	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%
- Standard National Network	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%

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. 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.

V121715



Benefit Features:	HealthyValue 2500	HealthyValue 3500	HealthyValue 6850	HealthyValue 10,000
Deductible	\$2,500 Single / \$5,000 Family	\$3,500 Single / \$7,000 Family	\$6,850 Single / \$13,700 Family	\$10,000 Single / \$20,000 Family
Lifestyle Deductible <small>(Reduced Deductible based on wellness points earned)</small>	\$500 Single / \$1,000 Family			
Co-insurance	50/50	50/50	None	None
Co-insurance Maximum	\$3,000 Single / \$6,000 Family	\$2,500 Single / \$5,000 Family	No Co-insurance Responsibility	No Co-insurance Responsibility
Out-of-Pocket Maximum <small>(OOP Max does not include copays and Rx Copays)</small>	\$5,500 Single / \$11,000 Family	\$6,000 Single / \$12,000 Family	\$6,850 Single / \$13,700 Family	\$10,000 Single / \$20,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services				
- Primary Care Office Visit	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist Office Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise 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	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 Surgery Ctr.	\$500 Copay, then Deductible / Co-insurance			
- Hospital Outpatient				
Diabetic Supplies	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Allergy Treatment	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services				
- Hospital ER (Facility Charge Only)	Copay waived if admitted			
- Urgent Care / ER Professional Services	\$250 Copay, then Deductible / Co-insurance			
- Ambulance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	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	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance
- Physician Office / Freestanding Imaging Ctr.	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance
- Hospital Outpatient				
Inpatient Hospitalization				
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- 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	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits				
- Preferred Align Network	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%
- Standard National Network	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%

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.



Benefit Features:	HealthyConsumer 3000	HealthyConsumer 3500	HealthyConsumer 5000	HealthyConsumer 6500
Deductible	\$3,000 Single / \$6,000 Family (Embedded Deductible)	\$3,500 Single / \$7,000 Family (Embedded Deductible)	\$5,000 Single / \$10,000 Family (Embedded Deductible)	\$6,500 Single / \$13,000 Family (Embedded Deductible)
Lifestyle Deductible (Reduced Deductible based on wellness points earned)	\$500 Single / \$1,000 Family			
Co-insurance	None	None	None	None
Co-insurance Maximum	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility
Out-of-Pocket Maximum (OOP Max does not include copays and Rx Copays)	\$3,000 Single / \$6,000 Family	\$3,500 Single / \$7,000 Family	\$5,000 Single / \$10,000 Family	\$6,500 Single / \$13,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services	After Deductible	After Deductible	After Deductible	After Deductible
- Primary Care Office Visit	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist Office Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Radiology and Imaging	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then
- Physician Office / Freestanding Imaging Ctr.	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Diabetic Supplies	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Allergy Treatment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services				
- Hospital ER (Facility Charge Only)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Urgent Care / ER Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Surgical Procedures	Pre-certification required prior to scheduling,			
- Physician Office / Freestanding Surgery Ctr.	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Inpatient Hospitalization				
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- 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	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits	After Deductible	After Deductible	After Deductible	After Deductible
- Preferred Align Network	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%	\$20 / \$50 / \$75 / 50%
- Standard National Network	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%	\$25 / \$60 / \$85 / 50%

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.