



...rising above the service you expectSM

ADVANTAGE HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

BENEFIT	HDHP 1	HDHP 2	HDHP 3	HDHP 5	HDHP 6
Deductible (Calendar Year) - Individual	\$1,150	\$1,500	\$2,000	\$2,600	\$2,600
Deductible (Calendar Year) - Family	\$2,300	\$3,000	\$4,000	\$5,200	\$5,200
Coinsurance	20%	30%	40%	20%	0%
Out of Pocket Max (including Deductible) - Individual	\$2,300	\$3,000	\$4,000	\$3,600	\$2,600
Out of Pocket Max (including Deductible) - Family	\$4,600	\$6,000	\$8,000	\$7,200	\$5,200
Primary Care Physician Office Visit (PCP)	20%	30%	40%	20%	\$15*
Specialty Care Physician Office Visit (SCP)	20%	30%	40%	20%	\$30*
Wellness and Preventive (unlimited)	\$15	\$15	\$15	\$15	\$15
Urgent Care	20%	30%	40%	20%	\$50*
Emergency Care	20%	30%	40%	20%	\$100*
Inpatient Hospital Services	20%	30%	40%	20%	\$250*
Outpatient Surgery Services	20%	30%	40%	20%	\$100*
Maternity Care PCP/SCP	20%	30%	40%	20%	0%
Outpatient Labs, Pathology, Radiology, (EKG) and (EEG) MRI, CT, MRA, and PET scan	20%	30%	40%	20%	0%
Allergy Serum, DME, Corrective Appliances, Diabetic Supplies	20%	30%	40%	20%	0%
Mental Health Inpatient	20%	30%	40%	20%	0%
Mental Health Outpatient	20%	30%	40%	20%	0%
Vision (Routine Exam Only)	\$10	\$10	\$10	\$10	\$10
Pharmacy	20%	30%	40%	20%	RX \$10/\$25/\$50*

High Deductible Health Plans are Health Savings Account qualified plans

Where coinsurance (%) is listed, it is assumed that deductible is paid first.

This benefit description is intended to be a brief outline of coverage. The entire provision of benefits and exclusions are contained in the Group Service Agreement and Certification of Coverage. In the event of a conflict between those documents and this, the terms of the Group Service Agreement and Certificate of Coverage will prevail.

**After deductible is met.*