



Overview

Calendar year out-of-pocket maximum (single/family)	\$7,500/\$15,000
Lifetime maximum per person	\$2 million

Hospital services (Some services may require authorization)

Inpatient care	\$750/day
Outpatient surgical care	\$500

Emergency services

Emergency room services (waived if admitted)	\$250
Urgent care in physician's office	\$75
Ambulance	\$100

Outpatient medical services

Primary care physician (PCP) office visit	\$25
Specialists	\$75
Surgical care in outpatient center	\$250
Diagnostic procedures (EKGs, lab tests, x-rays)	\$0
Mammograms	\$0
Specialty imaging (MRI, PET, CT scans)	\$200
Rehabilitative services (maximum 10 outpatient visits per calendar year)	\$25
Non-surgical spine and back treatment (maximum 10 outpatient visits per calendar year)	\$25
Durable medical equipment, prosthetics, orthotics	\$0

Mental health (Some services may require authorization)

Inpatient admissions (maximum 5 days per calendar year)	\$750/day
Outpatient services (10 visits maximum per calendar year, \$50 allowance per visit)	\$25

Alcohol/substance abuse treatment (\$2,000 lifetime maximum benefit)

Inpatient admissions (maximum 5 days per calendar year)	\$750/day
Outpatient services (lifetime maximum 44 visits, \$35 allowance per visit)	\$25

Other services (Preventive care benefits limited to \$250 per calendar year)

Periodic health assessment exam	\$25
Periodic child health supervision	\$25
Contraceptive appliances	\$25
Injectable contraceptives	\$25
Home health care (maximum 60 visits per calendar year)	\$25
Hospice	\$0
Skilled nursing facility (100 days lifetime maximum)	\$0