



Inspiring healthy moments.

C3

Overview	Deductible — individual/family	None
	Coinsurance	50%
	Out-of-pocket maximum — individual/family	\$5,000/\$10,000
	Lifetime maximum	\$2,500,000
Health and wellness	Memberships at Pro-Health & Fitness Centers	\$0
	Health risk assessments	\$0
	Lifestyle change modules	\$0
	Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventive lab services)	\$0
Office visits	Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician)	\$25
	Specialist visit (including consultations and second opinions)	\$50
	Urgent care — in service area must use participating provider	\$25
	Urgent care — out of service area	50%
Inpatient services	Hospital admission, medical (includes all services)	\$1,500/admission
	Hospital admission, mental health	\$1,500/admission
	Hospital admission, alcohol/substance abuse	\$1,500/admission
Outpatient services	Ambulance	50%
	Emergency room services	50%
	Surgery	50%
	Maternity office visit (not including perineonatology)	\$50
	ultrasound	50%
	delivery	\$1,500/admission
	Lab tests, routine (all outpatient locations)	50%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	50%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	50%
	Durable medical equipment and external prosthetic devices	50%
Home health care	50%	
Prescription drugs	Riders available. Formulary applies.	Varies

Note: This is a summary of benefits only. Limitations and prior authorization requirements may apply to certain services. Consult your Certificate of Coverage for a complete listing of services and cost shares.