



Inspiring healthy moments.

# HF6

<b>Overview</b>	Deductible	N/A
	Coinsurance	15%
	Out-of-pocket maximum — individual/family	\$6,000/\$12,000
	Lifetime maximum	\$5,000,000
<b>Health and wellness</b>	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
<b>Office visits</b>	Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician)	\$30
	Specialist visit (including consultations and second opinions)	\$50
	Urgent care — in service area must use participating provider	\$30
	Urgent care — out of service area	\$40
<b>Inpatient services</b>	Hospital admission, medical (includes all services)	\$1,500 per admission
	Hospital admission, mental health	\$1,500 per admission
	Hospital admission, alcohol/substance abuse (detox and acute care only)	\$1,500 per admission
<b>Outpatient services</b>	Ambulance	\$250
	Emergency room services	\$400
	Surgery	\$300
	Maternity office visit (not including perineonatology)	\$50
	ultrasound	\$25
	delivery	\$1,500 per admission
	Lab tests, routine (all outpatient locations)	15%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	15%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	\$200
	Durable medical equipment and external prosthetic devices	15%
Home health care	\$0	
<b>Prescription drugs</b>	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.**