



*Inspiring healthy moments.*

# VC5D

		<b>In Network</b>	<b>Out-of-Network</b>
<b>Overview</b>	Deductible — individual/family	\$250/\$500	\$500/\$1,000
	Coinsurance	20%	40%
	Out-of-pocket maximum — individual/family	\$2,000/\$4,000	\$4,000/\$8,000
	Lifetime maximum (includes in-network and out-of-network combined)	5 Million	
<b>Health and wellness</b>	Memberships at Pro-Health & Fitness Centers	\$0	Not covered
	Health risk assessments	\$0	Not covered
	Lifestyle change modules	\$0	Not covered
	Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventive lab services)	\$0	Not covered
<b>Office visits</b>	Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician)	\$15	40%
	Specialist visit (including consultations and second opinions)	\$30	40%
	Urgent care — in service area must use participating provider	\$15	\$30
<b>Inpatient services</b>	Hospital admission, medical (includes all services)	20%	40%
	Hospital admission, mental health	20%	40%
	Hospital admission, alcohol/substance abuse (detox and acute care only)	20%	40%
<b>Outpatient services</b>	Ambulance	20%	40%
	Emergency room services	\$150	\$150
	Surgery	20%	40%
	Maternity office visit (not including perineonatology) ultrasound delivery	20%	40%
	Lab tests, routine (all outpatient locations)	20%	40%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	40%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	20%	40%
	Durable medical equipment and external prosthetic devices	20%	40%
	Home health care	20%	40%
<b>Prescription drugs</b>	Riders available. Formulary applies.	Varies	Not covered

**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.**