

Benefit highlights

	0/1500 WITH HSA	0/2700 WITH HSA	30/2700 WITH HSA
FEATURES			
Individual plan annual deductible (subscriber only)	\$1,500	\$2,700	
Family plan annual deductible (individual/family)	\$3,000/\$3,000	\$5,450/\$5,450	
Individual plan annual out-of-pocket-maximum (subscriber only)	\$3,000	\$5,000	\$5,250
Family plan annual out-of-pocket-maximum (individual/family)	\$6,000/\$6,000	\$10,000/\$10,000	\$10,500/\$10,500
Lifetime benefit maximum	None		
BENEFITS SERVICES NOT SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE INDICATED			
Preventive care			
Immunizations	No charge		
Routine physical exam	No charge		\$30 copay
Well-child visit (0–23 months)	No charge		\$10 copay
Well-woman visit	No charge		\$30 copay
Mammogram	\$10 copay		
Outpatient services (per visit or procedure)			
Primary care/Specialty office visit	No charge (after deductible)		\$30 copay (after deductible)
Most X-rays and lab tests	\$10 copay (after deductible)		
MRI, CT, and PET	\$50 copay (after deductible)		
Outpatient surgery	\$150 copay (after deductible)	\$200 copay (after deductible)	30% coinsurance (after deductible)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, and medication	\$300 copay per day (after deductible)	\$400 copay per day (after deductible)	30% coinsurance (after deductible)
Maternity Coverage varies. For details, please consult the plan's <i>Membership Agreement</i> .			
Maternity care	Covered		
Emergency and urgent care			
Emergency Department visit (waived if admitted)	\$100 copay (after deductible)		30% coinsurance (after deductible)
Urgent care visit	No charge (after deductible)		\$30 copay (after deductible)
Ambulance service	\$100 copay (after deductible)		
Prescription drugs			
Plan pharmacy (up to a 30-day supply)	Generic: \$10 copay/Brand: \$35 copay (after deductible)		Not covered
Mail-order (up to a 100-day supply)	Generic: \$20 copay/Brand: \$70 copay (after deductible)		Not covered



This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For more information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form* enclosed in this kit. Detailed information about your plan is included in the *Membership Agreement* or *Certificate of Insurance*, which will be mailed to you upon acceptance or upon request.