



Inspiring healthy moments.

HF27

Overview	Deductible	N/A
	Coinsurance	20%
	Out-of-pocket maximum — individual/family	\$6,000/\$12,000
	Lifetime maximum	None
Health and wellness	Memberships at Pro-Health & Fitness Centers	\$0
	Health risk assessments	\$0
	Lifestyle change modules	\$0
	Preventive care (see certificate of coverage for details)	\$0
Office visits	Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician)	\$40
	Specialist visit (including consultations and second opinions)	\$60
	Urgent care — in service area must use participating provider	\$40
	Urgent care — out of service area	\$50
Inpatient services	Hospital admission, medical (includes all services)	\$2,000/admission
	Hospital admission, mental health (30 days max. per calendar year)	\$2,000/admission
	Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	\$2,000/admission
Outpatient services	Ambulance	\$300
	Emergency room services	\$400
	Surgery	\$400
	Maternity office visit (not including perineonatology)	\$25
	ultrasound	\$25
	delivery	\$2,000/admission
	Lab tests, routine (all outpatient locations)	20%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	\$250
	Durable medical equipment and external prosthetic devices	20%
Home health care	\$0	
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.