



*Inspiring healthy moments.*

# HDHMO 2400 60

<b>Overview</b>	Deductible — individual/family	\$2,400/\$4,800
	Coinsurance	40%
	Out-of-pocket maximum — individual/family	\$4,000/\$8,000
	Lifetime maximum	None
<b>Health and wellness</b>	Memberships at Pro-Health & Fitness Centers	\$0
	Health risk assessments	\$0
	Lifestyle change modules	\$0
	Preventive care (see certificate of coverage for details)	\$0
<b>Office visits</b>	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)	40%
	Urgent care — in service area must use participating provider	40%
	Urgent care — out of service area	40%
<b>Inpatient services</b>	Hospital admission, medical (includes all services)	40%
	Hospital admission, mental health (30 days max. per calendar year)	40%
	Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	40%
<b>Outpatient services</b>	Ambulance	40%
	Emergency room services	40%
	Surgery	40%
	Maternity office visit (not including perineonatology)	40%
	ultrasound	40%
	delivery	40%
	Lab tests, routine (all outpatient locations)	40%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	40%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	40%
	Durable medical equipment and external prosthetic devices	40%
Home health care	40%	
<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.**