



Inspiring healthy moments.

HDHMO 3600 70

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| Overview | Deductible — individual/family | \$3,600/\$7,200 |
| | Coinsurance | 30% |
| | Out-of-pocket maximum — individual/family | \$5,000/\$10,000 |
| | 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) | 30% |
| | Specialist visit (including consultations and second opinions) | 30% |
| | Urgent care — in service area must use participating provider | 30% |
| | Urgent care — out of service area | 30% |
| Inpatient services | Hospital admission, medical (includes all services) | 30% |
| | Hospital admission, mental health (30 days max. per calendar year) | 30% |
| | Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year) | 30% |
| Outpatient services | Ambulance | 30% |
| | Emergency room services | 30% |
| | Surgery | 30% |
| | Maternity office visit (not including perineonatology) | 30% |
| | ultrasound | 30% |
| | delivery | 30% |
| | Lab tests, routine (all outpatient locations) | 30% |
| | Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations) | 30% |
| | Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies) | 30% |
| | Durable medical equipment and external prosthetic devices | 30% |
| Home health care | 30% | |
| 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.