



Inspiring healthy moments.

# HDPOS 2400 60/40

|                            |   | In Network | Out-of-Network  |
|----------------------------|---|------------|-----------------|
| <b>Overview</b>            | Deductible — individual/family  |            | \$2,400/\$4,800 |
|                            | Coinsurance   | 40%        | 60%             |
|                            | Out-of-pocket maximum — individual/family   |            | \$4,000/\$8,000 |
|                            | Lifetime maximum (includes in-network and out-of-network combined)  |            | None            |
| <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 (see certificate of coverage for details)   | \$0        | Not covered     |
| <b>Office visits</b>       | Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician) | 40%        | 60%             |
|                            | Specialist visit (including consultations and second opinions)  | 40%        | 60%             |
|                            | Urgent care — in service area must use participating provider   | 40%        | 60%             |
|                            | Urgent care — out of service area   | 40%        | 60%             |
| <b>Inpatient services</b>  | Hospital admission, medical (includes all services)   | 40%        | 60%             |
|                            | Hospital admission, mental health (30 days max. per calendar year)  | 40%        | 60%             |
|                            | Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)  | 40%        | 60%             |
| <b>Outpatient services</b> | Ambulance   | 40%        | 60%             |
|                            | Emergency room services   | 40%        | 60%             |
|                            | Surgery   | 40%        | 60%             |
|                            | Maternity office visit (not including perineonatology)<br>ultrasound<br>delivery  | 40%        | 60%             |
|                            | Lab tests, routine (all outpatient locations)   | 40%        | 60%             |
|                            | Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)   | 40%        | 60%             |
|                            | Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)   | 40%        | 60%             |
|                            | Durable medical equipment and external prosthetic devices   | 40%        | 60%             |
|                            | Home health care  | 40%        | 60%             |
| <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.