



Inspiring healthy moments.

PS2

		In Network	Out-of-Network
Overview	Deductible — individual/family	N/A	\$500/\$1500
	Coinsurance	15%	25%
	Out-of-pocket maximum — individual/family	\$2,000/\$4,000	\$4,000/\$8,000
	Lifetime maximum (includes in-network and out-of-network combined)	\$5 million	
Health and wellness	Memberships at Pro-Health & Fitness Centers	\$0	Not covered
	Health risk assessments	\$0	Not covered
	Lifestyle change modules	\$0	Not covered
	Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventive lab services)	\$0	25%
Office visits	Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician)	\$15	25%
	Specialist visit (including consultations and second opinions)	\$30	25%
	Urgent care — in service area must use participating provider	\$15	\$40
Inpatient services	Hospital admission, medical (includes all services)	\$250 per admission	25%
	Hospital admission, mental health	\$250 per admission	25%
	Hospital admission, alcohol/substance abuse (detox and acute care only)	\$250 per admission	25%
Outpatient services	Ambulance	\$0	25%
	Emergency room services	\$100	\$100
	Surgery	\$200	25%
	Maternity office visit (not including perineonatology)	\$30	25%
	ultrasound	\$25	25%
	delivery	\$250 per admission	25%
	Lab tests, routine (all outpatient locations)	15%	25%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	15%	25%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	\$75	25%
	Durable medical equipment and external prosthetic devices	15%	25%
Home health care	\$0	25%	
Prescription drugs	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.