



Inspiring healthy moments.

PS4

		In Network	Out-of-Network
Overview	Deductible — individual/family	N/A	\$1,000/\$3,000
	Coinsurance	20%	30%
	Out-of-pocket maximum — individual/family	\$2,500/\$5,000	\$5,000/\$10,000
	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	30%
Office visits	Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician)	\$20	30%
	Specialist visit (including consultations and second opinions)	\$40	30%
	Urgent care — in service area must use participating provider	\$20	\$40
Inpatient services	Hospital admission, medical (includes all services)	\$200/day (days 1-5)*	30%
	Hospital admission, mental health	\$200/day (days 1-5)*	30%
	Hospital admission, alcohol/substance abuse (detox and acute care only)	\$200/day (days 1-5)*	30%
Outpatient services	Ambulance	\$0	30%
	Emergency room services	\$200	\$200
	Surgery	\$250	30%
	Maternity office visit (not including perineonatology)	\$40	30%
	ultrasound	\$25	30%
	delivery	\$200/day (days 1-5)*	30%
	Lab tests, routine (all outpatient locations)	20%	30%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	30%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	\$100	30%
Durable medical equipment and external prosthetic devices	20%	30%	
Home health care	\$0	30%	
Prescription drugs	Riders available. Formulary applies.	Varies	Not covered

* Each admission

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.