



Inspiring healthy moments.

Value Choice 1

		In Network	Out-of-Network
Overview	Deductible — individual/family	\$500/\$1,000	\$1,000/\$2,000
	Coinsurance	20%	30%
	Out-of-pocket maximum — individual/family	\$4,000/\$8,000	\$4,000/\$8,000
	Lifetime maximum (includes in-network and out-of-network combined)	None	
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 (see certificate of coverage for details)	\$0	Not covered
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	\$50
Inpatient services	Hospital admission, medical (includes all services)	20%	30%
	Hospital admission, mental health (30 days max. per calendar year)	20%	30%
	Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	20%	30%
Outpatient services	Ambulance	20%	30%
	Emergency room services	20%	
	Surgery	20%	30%
	Maternity office visit (not including perineonatology)	20%	30%
	ultrasound	20%	30%
	delivery	20%	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)	20%	30%
	Durable medical equipment and external prosthetic devices	20%	30%
Home health care	20%	30%	
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.