



*Inspiring healthy moments.*

## Value Choice 2

		In Network	Out-of-Network
<b>Overview</b>	Deductible — individual/family	\$750/\$1,500	\$1,500/\$3,000
	Coinsurance	30%	40%
	Out-of-pocket maximum — individual/family	\$5,000/\$10,000	\$5,000/\$10,000
	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)	\$25	40%
	Specialist visit (including consultations and second opinions)	\$45	40%
	Urgent care — in service area must use participating provider	\$25	\$50
<b>Inpatient services</b>	Hospital admission, medical (includes all services)	30%	40%
	Hospital admission, mental health (30 days max. per calendar year)	30%	40%
	Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	30%	40%
<b>Outpatient services</b>	Ambulance	30%	40%
	Emergency room services	30%	
	Surgery	30%	40%
	Maternity office visit (not including perineonatology)	30%	40%
	ultrasound	30%	40%
	delivery	30%	40%
	Lab tests, routine (all outpatient locations)	30%	40%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	30%	40%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	30%	40%
	Durable medical equipment and external prosthetic devices	30%	40%
Home health care	30%	40%	
<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.**