



*Inspiring healthy moments.*

## Value Choice 4

		In Network	Out-of-Network
<b>Overview</b>	Deductible — individual/family	\$1,250/\$2,500	\$2,500/\$5,000
	Coinsurance	50%	60%
	Out-of-pocket maximum — individual/family	\$6,000/\$12,000	\$6,000/\$12,000
	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)	\$35	60%
	Specialist visit (including consultations and second opinions)	\$55	60%
	Urgent care — in service area must use participating provider	\$35	\$50
<b>Inpatient services</b>	Hospital admission, medical (includes all services)	50%	60%
	Hospital admission, mental health (30 days max. per calendar year)	50%	60%
	Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	50%	60%
<b>Outpatient services</b>	Ambulance	50%	60%
	Emergency room services	50%	
	Surgery	50%	60%
	Maternity office visit (not including perineonatology)	50%	60%
	ultrasound	50%	60%
	delivery	50%	60%
	Lab tests, routine (all outpatient locations)	50%	60%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	50%	60%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	50%	60%
	Durable medical equipment and external prosthetic devices	50%	60%
Home health care	50%	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.**