

# Plan Overview

30/3000/30% (\$6,000 / \$12,000)

PPO

| Benefit description                                                                             | Member responsibility                                                              |                                                                                    |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                 | IN-NETWORK                                                                         | OUT-OF-NETWORK <sup>1</sup>                                                        |
| <b>Plan maximums</b>                                                                            |                                                                                    |                                                                                    |
| Out-of-pocket maximum (combined with Rx) (Individual / Family)                                  | \$6,000 / \$12,000                                                                 | \$12,000 / \$24,000                                                                |
| Calendar year deductible (Individual / Family)                                                  | \$3,000 / \$9,000                                                                  | \$6,000 / \$18,000                                                                 |
| Coinsurance                                                                                     | 30% deductible applies                                                             | 50% deductible applies                                                             |
| <b>Professional services</b>                                                                    |                                                                                    |                                                                                    |
| PCP office visit <sup>2</sup>                                                                   | \$30 deductible waived                                                             | 50% deductible applies                                                             |
| Specialist office visit <sup>2</sup>                                                            | \$50 deductible waived                                                             | 50% deductible applies                                                             |
| Preventive care services <sup>2</sup>                                                           | \$0 deductible waived                                                              | 50% deductible applies                                                             |
| Telehealth services through the Select Telehealth Services Provider <sup>3</sup>                | \$0 deductible waived                                                              | Not Covered                                                                        |
| Rehabilitation therapy <sup>4</sup>                                                             | 30% deductible applies                                                             | 50% deductible applies                                                             |
| X-ray procedures <sup>2</sup>                                                                   | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Laboratory procedures <sup>2</sup>                                                              | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)                             | 30% deductible applies                                                             | 50% deductible applies                                                             |
| <b>Facility services</b>                                                                        |                                                                                    |                                                                                    |
| Outpatient surgery (hospital)                                                                   | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Outpatient surgery (ambulatory surgery center)                                                  | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Inpatient hospital                                                                              | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Skilled nursing facility (100 day maximum)                                                      | 30% deductible applies                                                             | 50% deductible applies                                                             |
| <b>Emergency services</b>                                                                       |                                                                                    |                                                                                    |
| Urgent care services                                                                            | \$30 deductible waived                                                             | 50% deductible applies                                                             |
| Emergency room facility                                                                         | \$150 + 30% deductible applies                                                     | \$150 + 30% deductible applies                                                     |
| Ambulance services (ground and air)                                                             | \$150 + 30% deductible applies                                                     | \$150 + 30% deductible applies                                                     |
| <b>Mental health and substance use disorder services</b>                                        |                                                                                    |                                                                                    |
| Outpatient office visit                                                                         | \$30 deductible waived                                                             | 50% deductible applies                                                             |
| Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs) | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Inpatient                                                                                       | 30% deductible applies                                                             | 50% deductible applies                                                             |
| <b>Other services</b>                                                                           |                                                                                    |                                                                                    |
| Durable medical equipment <sup>2</sup>                                                          | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Diabetic equipment                                                                              | 30% deductible applies                                                             | 50% deductible applies                                                             |
| Acupuncture services                                                                            | Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.  | Administered by ASH if Acupuncture benefits are purchased. Refer to member's EOC.  |
| Chiropractic services                                                                           | Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC. | Administered by ASH if Chiropractic benefits are purchased. Refer to member's EOC. |

<sup>1</sup>Out-of-network reimbursement based on maximum allowable amount. The covered person is responsible for charges in excess of maximum allowable charges in addition to the coinsurance shown.

<sup>2</sup>Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women's preventive health care as supported by the Health Resources and Services Administration (HRSA).

<sup>3</sup>Listed cost share is for services provided through the Select Telehealth Services Provider; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

<sup>4</sup>Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

**This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the Certificate of Insurance for all terms and conditions of coverage.**

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