Large Group

Plan Overview

3500/0% F ($3,500 / $7,000)
HSA-Compatible PPO

Benefit description	Member responsibility	
	IN-NETWORK	OUT-OF-NETWORK[1]
Plan maximums Out-of-pocket maximum (combined with Rx) (Individual / Family)	$3,500 / $7,000	$14,000 / $28,000
Calendar year deductible (Individual / Family)	$3,500 / $7,000	$7,000 / $14,000
Coinsurance	0% deductible applies	50% deductible applies
Professional services PCP office visit[2]	0% deductible applies	50% deductible applies
Specialist office visit[2]	0% deductible applies	50% deductible applies
Preventive care services[2]	$0 deductible waived	50% deductible applies
Telehealth services through the Select Telehealth Services Provider[3]	$0 deductible applies	Not Covered
Rehabilitation therapy[4]	0% deductible applies	50% deductible applies
X-ray procedures[2]	0% deductible applies	50% deductible applies
Laboratory procedures[2]	0% deductible applies	50% deductible applies
Complex radiology services (includes CT, SPECT, PET, MUGA, and MRI)	0% deductible applies	50% deductible applies
Facility services Outpatient surgery (hospital)	0% deductible applies	50% deductible applies
Outpatient surgery (ambulatory surgery center)	0% deductible applies	50% deductible applies
Inpatient hospital	0% deductible applies	50% deductible applies
Skilled nursing facility (100 day maximum)	0% deductible applies	50% deductible applies
Emergency services Urgent care services	0% deductible applies	50% deductible applies
Emergency room facility	0% deductible applies	0% deductible applies
Ambulance services (ground and air)	0% deductible applies	0% deductible applies
Mental health and substance use disorder services Outpatient office visit	0% deductible applies	50% deductible applies
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	0% deductible applies	50% deductible applies
Inpatient	0% deductible applies	50% deductible applies
Other services Durable medical equipment[2]	0% deductible applies	50% deductible applies
Diabetic equipment	0% 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.

[1]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.
[2]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).
[3]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.
[4]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.

1/2027