MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible	$500 individual/$1,000 family	$750.individual/$1,500 family
Out-of-Pocket Maximum	$1,750 individual/$3,500 family	$3,500 individual/$7,000 family
Lifetime Maximum Benefit	Unlimited	
SERVICES RECEIVED AT A PRACTITIONER'S OFFICE		
Diagnosis and Treatment of Injury or Illness	80% after deductible	60% after deductible
Wellcare Services	100%	60% after deductible
Preventive Care (Children under 6)	100%	60% after deductible
Surgery and Anesthesia*	80% after deductible	60% after deductible
Non-Routine Diagnostic Services CAT Scans, MRIs, PET Scans, nuclear medicine and other similar technologies	80% after deductible	60% after deductible
All Other Diagnostic Services	80% after deductible	60% after deductible
SERVICES RECEIVED AT A FACILITY		
Inpatient and Outpatient Hospital Stays and Surgeries*	80% after deductible	60% after deductible
Non-Routine Diagnostic Services CAT Scans, MRIs, PET Scans, nuclear medicine and other similar technologies	80% after deductible	60% after deductible
All Other Diagnostic Services	80% after deductible	60% after deductible
Emergency Room Charges	80%, not subject to deductible	80%, not subject to deductible
Emergency Non-Routine Diagnostic Services	80% after deductible	80% after deductible
Skilled Nursing or Rehab Facility* (Limited to 60 days per calendar year)	80% after deductible	60% after deductible
BENEFITS FOR OTHER COVERED SERVICES		
Ambulance Service	80% after deductible	80% after deductible
Physical, Speech, Occupational and Manipulative Therapy (Limited to 40 visits per therapy per calendar year)	80% after deductible	60% after deductible
Cardiac and Pulmonary Rehab Therapy (Limited to 36 visits per calendar year)	80% after deductible	60% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	80% after deductible	60% after deductible
Supplies	80% after deductible	60% after deductible
Home Health Care* (Limited to 60 visits per calendar year)	80% after deductible	60% after deductible
PHARMACY		
Generic Drug	$10 copay	You pay all costs, then file a claim for reimbursement based on the maximum allowable charge, less any applicable drug copay amount.
Preferred Brand Drug	$25 copay	
Non-Preferred Brand Drug	$40 copay	
Special Pharmacy Products	$80 Preferred Specialty Pharmacy: $160 NonPreferred	
BEHAVIORAL HEALTH		
Inpatient Treatment	80% after deductible	60% after deductible
Outpatient Treatment	80% after deductible	60% after deductible

All expenses will be applied towards the out of pocket.

** may require prior authorization*