

# HEALTH INSURANCE BENEFIT SUMMARY

Benefit	Network	Non-Network
<b>Benefit maximum</b>	Unlimited	
<b>Annual Deductible</b>	Individual - \$500 Family - \$1,000	Individual - \$500 Family - \$1,000
<b>Out-of-Pocket Maximum</b>	Individual - \$7,000 Family - \$14,000	Individual – \$15,000 Family – No Maximum
<b>Coinsurance</b>	80% of NC	60% of U&C
<b>Preventive Care</b>	Covered in Full	60% of U&C
<b>Hospital Room &amp; Board (Inpatient)</b>	80% of NC for Covered Medical Expenses	50% of U&C for Covered Medical Expenses
<b>Surgery (Inpatient or Outpatient)</b>	80% of NC for Covered Medical Expenses	60% of U&C for Covered Medical Expenses
<b>In Office Physician Visit</b>	\$20 Copay then the plan pays 80% of NC for the Covered Medical Expenses	\$20 Copay then the plan pays 60% of U&C for the Covered Medical Expenses
<b>Emergency Services Expense</b>	\$150 Copay then the plan pays 80% of NC	Paid the same as In-Network Provider subject to U&C
<b>Diagnostic X-ray &amp; Lab</b>	80% of NC for Covered Medical Expenses	60% of U&C for Covered Medical Expenses
<b>Outpatient Prescription Drugs</b>	Tier 1: \$20 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay Specialty: \$75 Copay, then plan pays 100% of NC for covered medical expenses	Tier 1: \$20 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay Specialty: \$75 Copay, then plan pays 80% of AC for covered medical expenses
<b>NC = Negotiated Charges</b>	<b>U&amp;C = Usual and Customary</b>	<b>AC = Actual Charges</b>

