EASE | Health Plans

EASE | Essential

DEDUCTIBLE (Individual | Family)	$0 | $0
OUT OF POCKET MAXIMUM (Individual | Family)	$8,150 | $16,300
PREVENTIVE & WELLNESS SERVICES	$0 Copay (Plan pays 100% of covered preventive and wellness services)
PRIMARY CARE OFFICE VISIT	$25 Copay (Combined limit of 6 visits per plan year with Specialist Office Visits.)
SPECIALIST OFFICE VISIT	$50 Copay (Combined limit of 6 visits per plan year with Primary Care Office Visits.)
OUTPATIENT SERVICES **(Limited to Mental & Behavioral Health or Substance Abuse)**	$50 Copay (Considered a Specialist Visit. Combined limit of 6 visits per plan year with Primary Care Office Visit.)
PHARMACY BENEFITS (Subject to Formulary)	Generic - $0 Copay (Limited to Preventive Generic drugs. Plan pays 100% of covered preventive drugs. In addition, a discount pharmacy program is provided that allows other drugs to be obtained at payments ranging from $0 to $50).
SUPPLEMENTAL HOSPITAL BENEFIT	$5,000 (Limited to $1,000 per day; maximum of 5 days)

PLEASE NOTE:

- Out of Network services, and services provided at a hospital, will not be covered, unless otherwise specified.
- Refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.