EASE | Health Plans

EASE | Premium

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)
TELEMEDICINE SERVICES	$0
DIRECT PRIMARY CARE (DPC)	$10 Copay for Primary Doctor $25 for Urgent Care
PRIMARY CARE OFFICE VISIT **(when not through the DPC benefit)**	$35 Copay Existing Doctor $70 Copay New Doctor
SPECIALIST OFFICE VISIT	$75 Copay Existing Doctor $150 Copay New Doctor
LABORATORY SERVICE & RADIOLOGY	$50 Copay Per Panel Tested/ Per Image Billed
CT/MRI/MRA/PET SCAN	$500 Copay Per Image Billed
URGENT CARE **(when not through the DPC benefit)**	$75 Copay
OUTPATIENT SERVICES **(Limited to Mental & Behavioral Health or Substance Abuse)**	$75 Copay Existing Doctor $150 Copay New Doctor
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 or DPC Product Flyer, as applicable, for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits or DPC Product Flyer, the Schedule of Benefits or DPC Product Flyer, as applicable, will govern.