

DEDUCTIBLE (Individual Family)	\$0 \$0
OUT OF POCKET MAXIMUM (Individual Family)	\$0 \$0
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
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).

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.