

DEDUCTIBLE (Individual Family)	\$0 \$0
OUT OF POCKET MAXIMUM (Individual Family)	\$5,000 \$10,000
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)	\$15 Copay (Limited to 10 visits per plan year)
SPECIALIST OFFICE VISIT	\$25 Copay (Limited to 10 visits per plan year)
LABORATORY SERVICE & RADIOLOGY	\$50 Copay (Combined limit of 3 visits per plan year)
CT/MRI/MRA/PET SCAN	\$350 Copay (Limited to 2 per plan year)
URGENT CARE (when not through the DPC benefit)	\$35 Copay (Limited to 3 visits per plan year)
OUTPATIENT HOSPITAL OR FREE STANDING FACILITY SERVICES AND SURGERY	\$350 Copay (Limited to 2 visits per plan year)
INPATIENT HOSPITALIZATION & INPATIENT SURGERY	\$350 Copay per admission (Limited to 7 days and 3 Surgeries per plan year)
EMERGENCY ROOM SERVICES	\$350 Copay (Limited to 1 visit per plan year)
PREGNANCY BENEFITS	Professional Services: \$350 Copay Childbirth/Delivery: \$350 Copay per admission
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).
TREATMENT FOR CHEMICAL ABUSE & DEPENDENCY	Outpatient: \$25 Copay per day Inpatient: \$250 Copay per day (Both limited to 7 days per plan year)
HOME HEALTH CARE	\$25 Copay (Limited to 10 visits per plan year)

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.