



<b>Overview</b>	Deductible		\$1,200/\$2,400	
	Coinsurance		40%	
	Out-of-pocket maximum — individual/family		\$3,000/\$6,000	
	Lifetime maximum		\$5 million	
<b>Health and Wellness</b>	Gym Membership at Health First Pro-Health and Fitness Centers (Employees and dependents age 13 years and older)		\$0	
<b>Office visits</b>	Chiropractor (20 visits max. per calendar year)		40%	
	Primary care physician (PCP)		40%	
	Podiatrist		40%	
	Maternity		40%	
	Ultrasound		40%	
	Delivery		40%	
	All other specialists (including consultations and second opinions)		40%	
<b>Outpatient services</b>	Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)		40%	
	Allergy shots		40%	
	Emergency room services		40%	
	Lab tests, routine (all outpatient locations)		40%	
	Outpatient surgery (includes colonoscopy and endoscopy)		40%	
	Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventative lab services)		\$0	
	Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)		40%	
	Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)		40%	
	Renal dialysis		40%	
	Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)		40%	
	Vasectomy (physician office setting)		40%	
	All other medically necessary outpatient services		40%	
	<b>Inpatient services</b> (Some services may require authorization)	Hospital admission, acute rehabilitation		40%
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)			40%	
Hospital admission, medical (includes all services)			40%	
Hospital admission, mental health, full and partial (30 days max. per calendar year)			40%	
	Ambulance		40%	
<b>Other services</b> (Some services may require authorization)	Durable medical equipment and external prosthetic devices (\$2,500 max. per calendar year, limit does not apply to diabetic supplies)		40%	
	Home health care (60 visits max. per calendar year)		40%	
	Hospice (180 combined days maximum per calendar year)	Inpatient		40%
		Outpatient		40%
	Hyperbaric oxygen therapy (per treatment)		40%	
	Pain management (per treatment day)		40%	
	Rehabilitation, short-term (physical, speech, occupational therapy, pulmonary, and cardiac rehab)		40%	
	Skilled nursing facility (120 days max. per calendar year)		40%	
	Urgent care — in service area (must use participating provider)		40%	
	Urgent care — out of service area		40%	