



|  |  | In Network                               | Out-of-Network |     |
|--|--|--|----------------|-----|
| <b>Overview</b>  | Deductible   | \$3,600/\$7,200*                         |                |     |
|  | Coinsurance  | 0%                                       | 20%            |     |
|  | Out-of-pocket maximum — individual/family  | \$5,000/\$10,000*                        |                |     |
|  | 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                                      | Not Covered    |     |
| <b>Office visits</b>   | Chiropractor (20 visits max. per calendar year)  | 0%                                       | 20%            |     |
|  | Primary care physician (PCP)   | 0%                                       | 20%            |     |
|  | Podiatrist   | 0%                                       | 20%            |     |
|  | Maternity  | 0%                                       | 20%            |     |
|  | Ultrasound   | 0%                                       | 20%            |     |
|  | Delivery   | 0%                                       | 20%            |     |
|  | All other specialists (including consultations and second opinions)  | 0%                                       | 20%            |     |
| <b>Outpatient services</b>   | Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)   | 0%                                       | 20%            |     |
|  | Allergy shots  | 0%                                       | 20%            |     |
|  | Emergency room services  | 0%                                       | 0%             |     |
|  | Lab tests, routine (all outpatient locations)  | 0%                                       | 20%            |     |
|  | Outpatient surgery (includes colonoscopy and endoscopy)  | 0%                                       | 20%            |     |
|  | Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventative lab services) | \$0                                      | 20%            |     |
|  | Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)  | 0%                                       | 20%            |     |
|  | Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)  | 0%                                       | 20%            |     |
|  | Renal dialysis   | 0%                                       | 20%            |     |
|  | Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)   | 0%                                       | 20%            |     |
|  | Vasectomy (physician office setting)   | 0%                                       | 20%            |     |
|  | All other medically necessary outpatient services  | 0%                                       | 20%            |     |
|  | <b>Inpatient services</b><br>(Some services may require authorization)   | Hospital admission, acute rehabilitation | 0%             | 20% |
| Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year) |  | 0%                                       | 20%            |     |
| Hospital admission, medical (includes all services)  |  | 0%                                       | 20%            |     |
| Hospital admission, mental health, full and partial (30 days max. per calendar year)                   |  | 0%                                       | 20%            |     |
| Ambulance  |  | 0%                                       | 20%            |     |
| <b>Other services</b><br>(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)          | 0%                                       | 20%            |     |
|  | Home health care (60 visits max. per calendar year)  | 0%                                       | 20%            |     |
|  | Hospice (180 combined days maximum per calendar year)  | Inpatient                                | 0%             | 20% |
|  |  | Outpatient                               | 0%             | 20% |
|  | Hyperbaric oxygen therapy (per treatment)  | 0%                                       | 20%            |     |
|  | Pain management (per treatment day)  | 0%                                       | 20%            |     |
|  | Rehabilitation, short-term (physical, speech, occupational therapy, pulmonary, and cardiac rehab)  | 0%                                       | 20%            |     |
|  | Skilled nursing facility (120 days max. per calendar year)   | 0%                                       | 20%            |     |
|  | Urgent care — in service area (must use participating provider)  | 0%                                       | 20%            |     |

\*Includes in-network and out-of-network combined