



		In Network	Out-of-Network	
Overview	Deductible	\$3,600/\$7,200*		
	Coinsurance	30%	50%	
	Out-of-pocket maximum — individual/family	\$5,000/\$10,000*		
	Lifetime maximum	\$5 million*		
Health and Wellness	Gym Membership at Health First Pro-Health and Fitness Centers (Employees and dependents age 13 years and older)	\$0	Not Covered	
Office visits	Chiropractor (20 visits max. per calendar year)	30%	50%	
	Primary care physician (PCP)	30%	50%	
	Podiatrist	30%	50%	
	Maternity	30%	50%	
	Ultrasound	30%	50%	
	Delivery	30%	50%	
	All other specialists (including consultations and second opinions)	30%	50%	
Outpatient services	Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)	30%	50%	
	Allergy shots	30%	50%	
	Emergency room services	30%	30%	
	Lab tests, routine (all outpatient locations)	30%	50%	
	Outpatient surgery (includes colonoscopy and endoscopy)	30%	50%	
	Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventative lab services)	\$0	50%	
	Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	30%	50%	
	Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	30%	50%	
	Renal dialysis	30%	50%	
	Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)	30%	50%	
	Vasectomy (physician office setting)	30%	50%	
	All other medically necessary outpatient services	30%	50%	
	Inpatient services (Some services may require authorization)	Hospital admission, acute rehabilitation	30%	50%
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)		30%	50%	
Hospital admission, medical (includes all services)		30%	50%	
Hospital admission, mental health, full and partial (30 days max. per calendar year)		30%	50%	
Ambulance		30%	50%	
Other services (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)	30%	50%	
	Home health care (60 visits max. per calendar year)	30%	50%	
	Hospice (180 combined days maximum per calendar year)	Inpatient	30%	50%
		Outpatient	30%	50%
	Hyperbaric oxygen therapy (per treatment)	30%	50%	
	Pain management (per treatment day)	30%	50%	
	Rehabilitation, short-term (physical, speech, occupational therapy, pulmonary, and cardiac rehab)	30%	50%	
	Skilled nursing facility (120 days max. per calendar year)	30%	50%	
	Urgent care — in service area (must use participating provider)	30%	50%	

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