

# Benefits Summary Direct POS

For Groups with 2-50 Contracts



Cost-Sharing Options	In-Network Primary Copayment	Specialist Copayment	ER Copayment	In-Network Inpatient Copayment	Out-of-Network Deductible	Out-of-Network Coinsurance %	Out-of-Network Coinsurance Stop-Loss	Out-of-Network/Out-of-Pocket Coinsurance Maximum
Option 1	\$15	\$15	\$50	\$0	\$500/\$1,250	70/30%	\$10,000/\$25,000	\$3,000/\$7,500
Option 2	\$15	\$15	\$50	\$250/\$625*	\$500/\$1,250	70/30%	\$10,000/\$25,000	\$3,000/\$7,500
Option 3	\$20	\$20	\$50	\$0	\$1,000/\$2,500	70/30%	\$10,000/\$25,000	\$3,000/\$7,500
Option 4	\$20	\$20	\$50	\$250/\$625*	\$1,000/\$2,500	70/30%	\$10,000/\$25,000	\$3,000/\$7,500
Option 5	\$20	\$20	\$50	\$500/\$1,250*	\$1,000/\$2,500	70/30%	\$10,000/\$25,000	\$3,000/\$7,500
Option 6	\$20	\$20	\$50	\$0	\$1,500/\$3,750	70/30%	\$15,000/\$37,500	\$4,500/\$11,250
Option 7	\$20	\$20	\$50	\$250/\$625*	\$1,500/\$3,750	70/30%	\$15,000/\$37,500	\$4,500/\$11,250
Option 8	\$20	\$20	\$50	\$500/\$1,250*	\$1,500/\$3,750	70/30%	\$15,000/\$37,500	\$4,500/\$11,250
Option 9	\$15	\$15	\$50	\$0	\$2,000/\$5,000	60/40%	\$15,000/\$37,500	\$6,000/\$15,000
Option 10	\$15	\$15	\$50	\$500/\$1,250*	\$2,000/\$5,000	60/40%	\$15,000/\$37,500	\$6,000/\$15,000
Option 11	\$20	\$20	\$50	\$0	\$2,000/\$5,000	60/40%	\$20,000/\$50,000	\$8,000/\$20,000
Option 12	\$20	\$20	\$50	\$500/\$1,250*	\$2,000/\$5,000	60/40%	\$20,000/\$50,000	\$8,000/\$20,000
Option 13	\$25 <sup>1</sup>	\$40 <sup>1</sup>	\$75	\$0	\$1,000/\$2,500	70/30%	\$10,000/\$25,000	\$3,000/\$7,500
Option 14	\$25 <sup>1</sup>	\$40 <sup>1</sup>	\$75	\$0	\$1,500/\$3,750	70/30%	\$15,000/\$37,500	\$4,500/\$11,250
Option 15	\$25 <sup>1</sup>	\$40 <sup>1</sup>	\$75	\$0	\$2,000/\$5,000	60/40%	\$20,000/\$50,000	\$8,000/\$20,000
Option 16	\$25 <sup>1</sup>	\$40 <sup>1</sup>	\$75	\$500/\$1,250*	\$2,000/\$5,000	60/40%	\$15,000/\$37,500	\$6,000/\$15,000
Option 17	\$30 <sup>1</sup>	\$50 <sup>1</sup>	\$100	\$1,000/\$2,500*	\$2,000/\$5,000	70/30%	\$15,000/\$37,500	\$4,500/\$11,250

\* Per admission/maximum per calendar per contract

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>	Options
Lifetime Maximum	Unlimited	\$1,000,000	
Dependent Children (covered to end of calendar year)	To age 19; full-time students to age 23	Same as in-network	Dependent children to age 23; FT students to age 25
<b>Preventive Care<sup>4</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>	<b>Options</b>
Adult Preventive Care	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Annual Physical Exam	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Well-Child Care (up to age 19; including necessary immunizations)	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Well-Woman Care	\$0	Deductible and coinsurance	Cost-sharing options 1-17
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Options</b>
Home/Office/Outpatient Visits Copayment <sup>1</sup>	Copayment option selected	Deductible and coinsurance	Cost-sharing options 1-17
webVisit <sup>5</sup>	\$5 copayment per online consultation	Covered in-network only	
Emergency Room/Facility (initial visit per occurrence)	Copayment option selected (waived if admitted within 24 hours)	Copayment option selected (waived if admitted within 24 hours)	
Ambulatory/Outpatient Surgery <sup>6,7</sup>	\$0, \$75 (option 16), \$150 (option 17)	Deductible and coinsurance	Cost-sharing options 1-17
Presurgical Testing	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Anesthesia	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Maternity Care	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Cervical Cancer Screenings	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Laboratory Tests, X-rays	\$0	Deductible and coinsurance	Cost-sharing options 1-17
MRI /MRA, <sup>8</sup> CAT Scan, <sup>8</sup> PET <sup>8</sup> & Nuclear Cardiology <sup>8</sup>	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Allergy Testing and Treatment	Copayment option selected (waived for treatments)	Deductible and coinsurance	Cost-sharing options 1-17
Chiropractic Care <sup>9</sup>	Copayment option selected	Deductible and coinsurance	Cost-sharing options 1-17
Home Healthcare (up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)	Cost-sharing options 1-17
Home Infusion Therapy	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Hospice Care (up to 210 days per lifetime)	\$0	Deductible and coinsurance	Cost-sharing options 1-17
Physical Therapy <sup>1, 6</sup> (up to 30 visits per calendar year combined in home, office or outpatient facility)	Copayment option selected	Deductible and coinsurance	Cost-sharing options 1-17