Saver 500		
	MEMBER CHOOSES:	
	In-Network Provider	Out-of-Network Provider
DEDUCTIBLE		
Individual	$500	$1,500
Family (Aggregate)	$1,000	$3,000
OUT-OF-POCKET MAXIMUM (including deductible)		
Individual	$3,500	$7,500
Family	$7,000	$15,000
PHYSICIAN SERVICES		
Office Visits	$20 Copayment	Deductible applies/50% Coinsurance
Specialty Visits	$40 Copayment	Deductible applies/50% Coinsurance
INPATIENT HOSPITAL CARE		
Unlimited Hospital Days (semi-private)	Deductible applies/30% Coinsurance	Deductible applies/50% Coinsurance
Private Room When Medically Necessary		
OUTPATIENT FACILITY SERVICES		
Lab	Covered in full	Deductible applies/50% Coinsurance
MRI, CT, MRA & PET	Deductible applies/30% Coinsurance	Deductible applies/50% Coinsurance
All other x-ray	Covered in full	Deductible applies/50% Coinsurance
Ambulatory/Outpatient Surgery	Deductible applies/$300 Copayment	Deductible applies/50% Coinsurance
PRESCRIPTION DRUGS	$10 Tier 1; $35 Tier 2; $60 Tier 3; $75 Formulary SAI; $100 Non-Formulary SAI; 3Xs Mail Order	Covered only at Participating Pharmacies
EMERGENCY CARE		
At Physician's Office/Urgent Care	$50 Copayment	$50 Copayment
At a Hospital Emergency Room (Waived if admitted)	$200 Copayment	$200 Copayment
LIFETIME BENEFIT	Unlimited	

Exclusions and limitations include but are not limited to: services that are not Medically Necessary; personal or convenience items; custodial care; cosmetic services and surgery; artificial insemination, in vitro fertilization, and drug therapy for infertility; experimental procedures and treatments; food or food supplements; the replacement of whole blood and blood products; routine foot care; immunizations for travel or employment; physical exams for employment, school, or licensing; radial keratotomy, eye exercises, and vision care services; dental and oral surgical services. Please consult your Membership Handbook and Group membership Agreement to determine the exact terms, conditions, and scope of coverage including all exclusions and limitations. This summary is designed as a partial description of the plan being offered and in no way details all benefits, limitations, exclusions, terms or conditions.