

View Product

SJ 1500A		
	MEMBER CHOOSES:	
	In-Network Provider	Out-of-Network Provider
DEDUCTIBLE		
Individual	\$1,500	\$3,000
Family (Aggregate)	\$3,000	\$6,000
OUT-OF-POCKET MAXIMUM (including deductible)		
Individual	N/A	\$8,000
Family	N/A	\$16,000