

**View Product**

<b>Value 750</b>		
	<b>MEMBER CHOOSES:</b>	
	<b>In-Network Provider</b>	<b>Out-of-Network Provider</b>
<b>DEDUCTIBLE</b>		
Individual	\$750	\$1,500
Family (Aggregate)	\$1,500	\$3,000
<b>OUT-OF-POCKET MAXIMUM (including deductible)</b>		
Individual	\$3,250	\$6,500
Family	\$6,500	\$13,000
<b>PHYSICIAN SERVICES</b>		
Office Visits	\$20 Copayment	Deductible/40% Coinsurance
Specialty Visits	\$40 Copayment	Deductible/40% Coinsurance
<b>INPATIENT HOSPITAL CARE</b>		
Unlimited Hospital Days (semi-private)	Deductible/20% Coinsurance	Deductible/40% Coinsurance
Private Room When Medically Necessary		
<b>OUTPATIENT FACILITY SERVICES</b>		
Lab	Covered in full	Deductible/40% Coinsurance
MRI, CT, MRA & PET	Deductible/20% Coinsurance	Deductible/40% Coinsurance
All other x-ray	Covered in full	Deductible/40% Coinsurance
Ambulatory/Outpatient Surgery	Deductible/\$200 Copayment	Deductible/40% Coinsurance
<b>PRESCRIPTION DRUGS</b>	\$10 Tier 1; \$35 Tier 2; \$60 Tier 3; \$75 Formulary SAI; \$100 Non-Formulary SAI; 3Xs Mail Order	Covered only at Participating Pharmacies
<b>EMERGENCY CARE</b>		
At Physician's Office/Urgent Care	\$50 Copayment	\$50 Copayment
At a Hospital Emergency Room (Waived if admitted)	\$200 Copayment	\$200 Copayment
<b>LIFETIME BENEFIT</b>	Unlimited	
<p>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.</p>		