



**Overview**

Calendar year out-of-pocket maximum (single/family)	\$3,000/\$6,000
Lifetime maximum per person	\$5 million

**Hospital services (Some services may require authorization)**

Inpatient care	\$300/day for first 5 days
Outpatient surgical care	\$200

**Emergency services**

Emergency room services (waived if admitted)	\$150
Urgent care in physician's office	\$75
Ambulance	\$100

**Outpatient medical services**

Primary care physician (PCP) office visit	\$25
Specialists	\$50
Surgical care in outpatient center	\$100
Diagnostic procedures (EKGs, lab tests, x-rays)	\$0
Mammograms	\$0
Specialty imaging (MRI, PET, CT scans)	\$100
Rehabilitative services (maximum 20 outpatient visits per calendar year)	\$25
Non-surgical spine and back treatment (maximum 10 outpatient visits per calendar year)	\$25
Durable medical equipment, prosthetics, orthotics	\$0

**Mental health (Some services may require authorization)**

Inpatient admissions (maximum 10 days per calendar year)	\$100/day
Outpatient services (20 visits maximum per calendar year, \$50 allowance per visit)	\$25

**Alcohol/substance abuse treatment (\$2,000 lifetime maximum benefit)**

Inpatient admissions	\$100/day
Outpatient services (lifetime maximum 44 visits, \$35 allowance per visit)	\$25

**Other services (Preventive care benefits limited to \$250 per calendar year)**

Periodic health assessment exam	\$25
Periodic child health supervision	\$25
Contraceptive appliances	\$25
Injectable contraceptives	\$25
Home health care (maximum 60 visits per calendar year)	\$25
Hospice	\$0
Skilled nursing facility (100 days lifetime maximum)	\$0