



Inspiring healthy moments.

# VP6D

|                            |   |                 |
|----------------------------|---|-----------------|
| <b>Overview</b>            | Deductible  | \$500/\$1,000   |
|                            | Coinsurance   | 25%             |
|                            | Out-of-pocket maximum — individual/family   | \$2,500/\$5,000 |
|                            | Lifetime maximum  | 5 Million       |
| <b>Health and wellness</b> | Memberships at Pro-Health & Fitness Centers   | \$0             |
|                            | Health risk assessments   | \$0             |
|                            | Lifestyle change modules  | \$0             |
|                            | Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventive lab services)              | \$0             |
| <b>Office visits</b>       | Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician) | \$20            |
|                            | Specialist visit (including consultations and second opinions)  | \$40            |
|                            | Urgent care — in service area must use participating provider   | \$20            |
|                            | Urgent care — out of service area   | \$40            |
| <b>Inpatient services</b>  | Hospital admission, medical (includes all services)   | 25%             |
|                            | Hospital admission, mental health   | 25%             |
|                            | Hospital admission, alcohol/substance abuse (detox and acute care only)   | 25%             |
| <b>Outpatient services</b> | Ambulance   | 25%             |
|                            | Emergency room services   | \$200           |
|                            | Surgery   | 25%             |
|                            | Maternity office visit (not including perineonatology)  | 25%             |
|                            | ultrasound  | 25%             |
|                            | delivery  | 25%             |
|                            | Lab tests, routine (all outpatient locations)   | 25%             |
|                            | Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)   | 25%             |
|                            | Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)   | 25%             |
|                            | Durable medical equipment and external prosthetic devices   | 25%             |
| Home health care           | 25%   |                 |
| <b>Prescription drugs</b>  | Riders available. Formulary applies.  | Varies          |

**Note: This is a summary of benefits only. Limitations and prior authorization requirements may apply to certain services. Consult your Certificate of Coverage for a complete listing of services and cost shares.**