



Inspiring healthy moments.

# VC6D

		In Network	Out-of-Network
<b>Overview</b>	Deductible — individual/family	\$500/\$1,000	\$1,000/\$2,000
	Coinsurance	25%	40%
	Out-of-pocket maximum — individual/family	\$2,500/\$5,000	\$6,000/\$12,000
	Lifetime maximum (includes in-network and out-of-network combined)	5 Million	
<b>Health and wellness</b>	Memberships at Pro-Health & Fitness Centers	\$0	Not covered
	Health risk assessments	\$0	Not covered
	Lifestyle change modules	\$0	Not covered
	Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventive lab services)	\$0	Not covered
<b>Office visits</b>	Primary care visit (includes a Registered Nurse Practitioner, Physician Assistant, General Practitioner, Family Practitioner, Internist, or Pediatrician)	\$20	40%
	Specialist visit (including consultations and second opinions)	\$40	40%
	Urgent care — in service area must use participating provider	\$20	\$40
<b>Inpatient services</b>	Hospital admission, medical (includes all services)	25%	40%
	Hospital admission, mental health	25%	40%
	Hospital admission, alcohol/substance abuse (detox and acute care only)	25%	40%
<b>Outpatient services</b>	Ambulance	25%	40%
	Emergency room services	\$200	\$200
	Surgery	25%	40%
	Maternity office visit (not including perineonatology) ultrasound delivery	25%	40%
	Lab tests, routine (all outpatient locations)	25%	40%
	Radiology/imaging, routine (X-rays, ultrasounds) (all outpatient locations)	25%	40%
	Radiology/imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	25%	40%
	Durable medical equipment and external prosthetic devices	25%	40%
	Home health care	25%	40%
<b>Prescription drugs</b>	Riders available. Formulary applies.	Varies	Not covered

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.