

# Elect Plans **At-a-Glance**

	Elect Premiere	Elect Preferred	Elect Value Option	Elect HSA Qualified
Individual Annual Deductible/Out-of-Pocket (OOP) Limit (Limit includes the deductible)	Deductible/OOP Limit \$1,000/\$5,000 \$2,500/\$5,000 \$5,000/\$10,000 \$7,500/\$15,000 \$10,000/\$20,000	Deductible/OOP Limit \$500/\$5,000 ✓ \$1,000/\$5,000 \$2,500/\$5,000 \$5,000/\$10,000 \$7,500/\$15,000 \$10,000/\$20,000	Deductible/OOP Limit \$2,500/\$7,500 \$5,000/\$10,000 \$7,500/\$12,500 \$10,000/\$15,000	Deductible/OOP Limit \$1,500/\$5,000 \$2,000/\$5,000 \$3,000/\$5,800 \$5,000/\$5,000
Accident Benefit (accident-related covered expenses)	The first \$5,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	The first \$1,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.		
<b>Preferred Provider Benefit</b>				
<b>Preventive Care</b>				
Well Baby Care	100% ●	100% ●	100% ●	100% ●
Routine Physicals and Preventive Care Exams	100% ●■	100% ●■	100% ●■	100% ●■
Routine Gynecological Exams	100% ●	100% ●	100% ●	100% ●
Immunizations	100% ●	100% ●	100% ●	100% ●
<b>Professional Services</b>				
Office and Home Visits	100% after \$25 copay ●	100% after \$30 copay ●	60%	70% ▲
Chiropractic Manipulation	100% after \$25 copay ● (\$1,500 combined max)	100% after \$30 copay ● (\$1,000 combined max)	Not covered	70% ▲ (\$1,000 combined max)
Acupuncture				
Naturopathic Care	100% after \$25 copay ●	100% after \$30 copay ●		
Urgent Care Visits	100% after \$25 copay ●	100% after \$30 copay ●	60%	70% ▲
Maternity Care	80%	70%	60%	70% ▲
Hospital Services	80%	70%	60%	70% ▲
Outpatient Services	80%	70%	60%	70% ▲
Emergency Room Visits	80% after \$100 copay (copay waived if admitted to hospital)	70% after \$100 copay (copay waived if admitted to hospital)	60%	70% ▲
<b>Other Covered Services</b>				
Prescription Drugs (no annual max)	Generics: 100% after \$15 copay Preferred brand name drugs: 50% ●	50% ●	50%	50% ▲
Physical Therapy	80%	70%	60%	70% ▲
Allergy Injections	80%	70%	60%	70% ▲
Ambulance Service	80%	70%	60%	70% ▲
Inpatient Mental Health	80%	70%	60%	70% ▲
Vision (per 2 calendar years)	Routine eye exam: 100% after \$25 copay ●; \$200 for frames, lenses and contact lenses ●	Not covered		

● Not subject to the annual deductible.

■ Scheduled benefit.

▲ Covered at 100% under the Elect HSA 5,000 plan (after deductible).

✓ FHIAP eligible.

All benefits shown here apply for participating providers. Services rendered by nonparticipating providers will be paid at a lower percentage.

For more details, see the summary of benefits on pages 9, 11, 13, and 15.