

OVERVIEW OF INDIVIDUAL & FAMILY COVERAGE OPTIONS

This benefit chart is a summary only. For benefit details, please see the principal benefits and coverage guide.

Benefit	Diamond 15	
	IN-NETWORK	OUT-of-NETWORK
Deductible Choices	Choice of: \$250, \$500, \$1,000, \$2,500, \$5,000, \$7,500 (2) (3)	
The deductible Coverage Year (CY) is January 1 through December 31.	Family = 3 x individual \$2 million combined	
Lifetime maximum		
Out-of-pocket maximum (OPM)		
Individual	\$4,000 (5)	\$8,000 (5)
Family	\$12,000 (5)	\$24,000 (5)
Professional Services		
Office visit	\$15 (4)	50% UCR+
Well Baby care (8 exams in the first 24 months)	\$15 (4)	50% UCR+
Annual OB/GYN exam (breast and pelvic exams, cervical cancer screening & mammography)	\$15 per visit (4)	50% UCR+
X-ray and laboratory procedures	20%	50% UCR+
Outpatient Services		
Outpatient or ambulatory care center	20%	50% UCR+
Outpatient rehabilitation therapy (\$2,500 year max)	20%	50% UCR+
Outpatient facility services (other than surgery)	20%	50% UCR+
Maternity care		
Physician services for maternity care	20%	50% UCR+
Hospitalization services		
Inpatient hospital care	20%	50% UCR+
Skilled nursing facility (60 days per year max)	20%	50% UCR+
Inpatient rehabilitation therapy (30 days per year max)	20%	50% UCR+
Emergency health coverage		
Outpatient emergency room services	20%	50% UCR+
Inpatient admission from emergency room	20%	50% UCR+
Emergency ambulance (up to \$3,000 per year)	20% (UCR+ applies to out-of-network providers)	
Additional accident		
Accidental injury deductible waiver **	20% (deductible waived **)	50% UCR+ (deductible waived **)
Prescription drug coverage ***	\$100 Rx deductible; up to \$2,000 per year	
Tier 1 & Tier 2 drug list	50%	
Tier 3 drugs	100% ***	
Preventive benefits (4) Routine physical, prostate screening, vision screening	Preventive included	
Well Net Complementary Care		
\$500 annual benefit (4)	Well Net included	
Chiro, acupuncture, naturopathy	\$15 copay	
Massage therapy	\$25 copay / 9 visits	