

PLANS & BENEFITS

Use this brochure to compare plans
and choose the one that's best for you.

Benefit highlights

	\$1,000 DEDUCTIBLE PLAN (80%) WITH RX	\$1,500 DEDUCTIBLE PLAN (80%) WITH RX	\$2,000 DEDUCTIBLE PLAN (70%) WITH RX
FEATURES			
Individual plan annual deductible (subscriber only) ¹	\$1,000	\$1,500	\$2,000
Family plan annual deductible (individual/family) ^{1,2}	\$1,000/\$3,000	\$1,500/\$4,500	\$2,000/\$6,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$4,000	\$6,000	\$5,000
Family plan annual out-of-pocket maximum (individual/family) ²	\$4,000/\$8,000	\$6,000/\$12,000	\$5,000/\$10,000
Lifetime benefit maximum	None		
BENEFITS Services not subject to deductible unless otherwise indicated			
Preventive care			
Immunizations	No charge		
Adult preventive care exam	No charge		
Well-child visit	No charge		
Well-woman visit	No charge		
Adult preventive care screening	No charge		
Colorectal cancer screening	No charge		
Outpatient services (per visit or procedure)			
Primary care/Specialty care office visit	\$30 copay/\$50 copay		
Ambulatory surgery	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Diagnostic lab	No charge		
Therapeutic and diagnostic X-ray	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Inpatient hospital care			
Hospital care and professional visits	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Maternity			
Prenatal care/Delivery and inpatient well-baby care	Not covered		
Emergency and urgent care			
Emergency room visit (waived if admitted)	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Nonroutine care	\$30 copay		
After-hours care	\$75 copay		
Ambulance service	20% coinsurance (up to \$500 per trip)	30% coinsurance (up to \$500 per trip)	
Prescription drugs Rx subject to \$200 drug deductible unless otherwise indicated³			
Pharmacy (up to a 30-day supply)	Generic: \$5 copay (not subject to drug deductible) Brand: \$30 copay	Generic: \$15 copay Brand: \$30 copay	
Mail-order (up to a 90-day supply)	Generic: \$10 copay (not subject to drug deductible) Brand: \$60 copay	Generic: \$30 copay Brand: \$60 copay	

Have a question? We have answers. Call your broker today!

\$2,000 DEDUCTIBLE PLAN (70%)	\$3,000 DEDUCTIBLE PLAN (70%) WITH RX	\$5,000 DEDUCTIBLE PLAN (60%) WITH RX (CHILDREN'S PLAN)	\$5,000 DEDUCTIBLE PLAN (70%)	\$2,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (80%)
\$2,000	\$3,000	\$5,000	\$5,000	\$2,000
\$2,000/\$6,000	\$3,000/\$9,000	No dependent coverage	\$5,000/\$15,000	\$4,000/\$12,000
\$5,000	\$9,000	\$15,000	\$5,000	\$5,000
\$5,000/\$10,000	\$9,000/\$18,000	No dependent coverage	\$5,000/\$10,000	\$10,000/\$10,000
None				
Services not subject to deductible unless otherwise indicated				
No charge				
No charge				
No charge				
No charge				
No charge				
No charge				
\$30 copay/\$50 copay	\$10 copay/\$40 copay	\$30 copay/\$50 copay	20% coinsurance (after deductible)	
30% coinsurance (after deductible)	40% coinsurance (after deductible)	30% coinsurance (after deductible)	20% coinsurance (after deductible)	
No charge			20% coinsurance (after deductible)	
30% coinsurance (after deductible)	Therapeutic: \$40 copay	30% coinsurance (after deductible)	20% coinsurance (after deductible)	
30% coinsurance (after deductible)	40% coinsurance (after deductible)	30% coinsurance (after deductible)	20% coinsurance (after deductible)	
Not covered				
30% coinsurance (after deductible)	\$300 copay	30% coinsurance (after deductible)	20% coinsurance (after deductible)	
\$30 copay	\$10 copay	\$30 copay	20% coinsurance (after deductible)	
\$75 copay			20% coinsurance (after deductible)	
30% coinsurance (up to \$500 per trip)	40% coinsurance (up to \$700 per trip)	30% coinsurance (up to \$500 per trip)	20% coinsurance (after deductible)	
Rx subject to \$200 drug deductible unless otherwise indicated³				
Not covered	Generic: \$5 copay (not subject to drug deductible) Brand: \$30 copay	Not covered	Not covered	
Not covered	Generic: \$10 copay (not subject to drug deductible) Brand: \$60 copay	Not covered	Not covered	

¹In deductible plans, the deductible does not apply to the out-of-pocket maximum. In HSA-qualified deductible HMO plans, the deductible does apply to the out-of-pocket maximum.

²For families in a deductible plan, individual family members are responsible for meeting the family deductible and out-of-pocket maximum only up to the individual deductible and out-of-pocket maximum amount, until the family out-of-pocket maximum is met. For family memberships in an HSA-qualified deductible HMO plan, the individual deductible and out-of-pocket maximum do not apply. The family deductible and out-of-pocket maximum can be met by a combination of family members.

³The drug deductible does not apply to the medical deductible or the out-of-pocket maximum. There are different copays and coinsurance for nonpreferred and specialty drugs. See the *Membership Agreement* for specific details.

\$2,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)	\$2,500 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)	\$3,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)	\$4,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)	\$5,000 HSA-QUALIFIED DEDUCTIBLE HMO PLAN (100%)
	\$2,500	\$3,000	\$4,000	\$5,000
\$4,000	\$5,000/\$5,000	\$6,000/\$6,000	\$8,000/\$8,000	\$10,000/\$10,000
\$2,000	\$2,500	\$3,000	\$4,000	\$5,000
\$4,000/\$4,000	\$5,000/\$5,000	\$6,000/\$6,000	\$8,000/\$8,000	\$10,000/\$10,000

None

Services not subject to deductible unless otherwise indicated

No charge
No charge
No charge
No charge
No charge
No charge
No charge (after deductible)
No charge (after deductible)
No charge (after deductible)
No charge (after deductible)
No charge (after deductible)
Not covered
No charge (after deductible)
No charge (after deductible)
No charge (after deductible)
No charge (after deductible)
No charge (after medical deductible)
No charge (after medical deductible)

This is only a summary. For more detailed information, refer to the *Health Benefit Plan Description Form*, which you may obtain by calling 1-800-634-4579. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

Get a faster response when you apply online. Ask your broker how!

Benefit highlights

	\$35 COPAYMENT PLAN WITH RX	\$40 COPAYMENT PLAN WITH RX
FEATURES		
Individual plan annual deductible (subscriber only)		None
Family plan annual deductible (individual/family)		None
Individual plan annual out-of-pocket maximum (subscriber only)		\$3,000
Family plan annual out-of-pocket maximum (individual/family)		\$3,000/\$7,500
Lifetime benefit maximum		None
BENEFITS		
Preventive care		
Immunizations		No charge
Adult preventive care exam		No charge
Well-child visit		No charge
Well-woman visit		No charge
Adult preventive care screening		No charge
Colorectal cancer screening		No charge
Outpatient services (per visit or procedure)		
Primary care/Specialty care office visit	\$35 copay/\$50 copay	\$40 copay/\$60 copay
Ambulatory surgery		\$200 copay
Diagnostic lab and X-ray		No charge
Therapeutic X-ray	\$50 copay	\$60 copay
Inpatient hospital care		
Hospital care and professional visits		30% coinsurance
Maternity		
Prenatal care/Delivery and inpatient well-baby care		Not covered
Emergency and urgent care		
Emergency room visit (waived if admitted)		\$200 copay
Nonroutine care	\$35 copay	\$40 copay
After-hours care		\$100 copay
Ambulance service		30% coinsurance (up to \$700 per trip)
Prescription drugs		
	Rx subject to \$200 drug deductible unless otherwise indicated ¹	
Pharmacy (up to a 30-day supply)	Generic: \$5 copay (not subject to drug deductible)/Brand: \$30 copay	
Mail-order (up to a 90-day supply)	Generic: \$10 copay (not subject to drug deductible)/Brand: \$60 copay	

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¹The drug deductible does not apply to the out-of-pocket maximum. There are different copays and coinsurance for nonpreferred and specialty drugs. See the *Membership Agreement* for specific details.

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