

Plan Name Network	Consumer Core HDHP	Network Core Plan		
	Open Access Elect Choice In Network	Open Access Elect Choice In Network	In Network	Out of Network
Deductible	\$1,600/\$3,200 (Cumulative)	\$250 / \$500	\$850/\$1,700	\$2,500/\$5,000
Coinsurance				60%
Out of Pocket Maximum				\$6,000/\$12,000
Annual Maximum , Lifetime Maximum, Prescription Drug Deductible				
Pharmacy Maximum Out of Pocket				
Prescription Drugs				
Mail Order Prescription Drugs (Three (3) month Supply)				
Oral Contraceptive PCP Office Visits Specialist Visits				

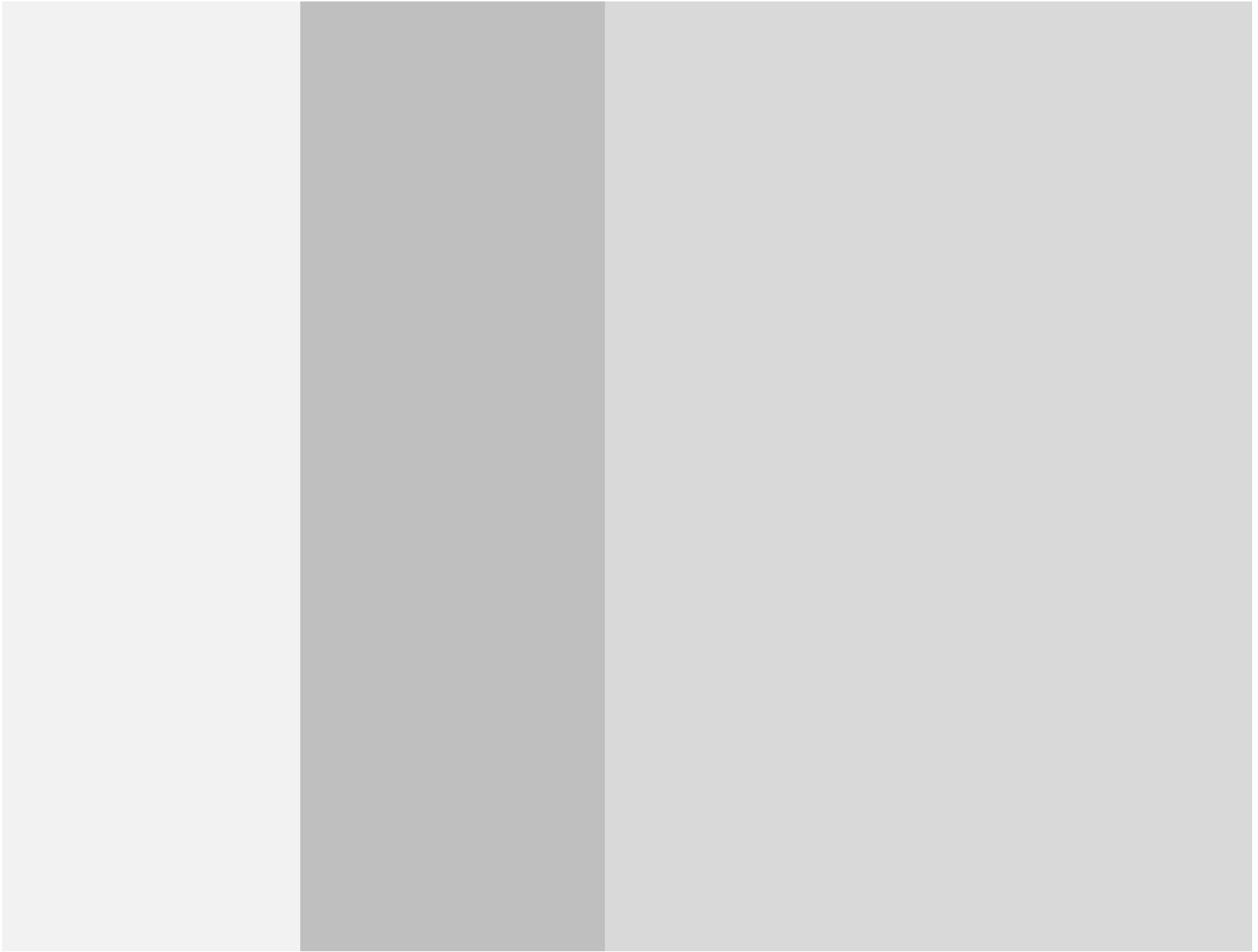
**Routine Preventive Care
(adult)**

**Well Child Exams
(through age 18)**

Vision Coverage

Gym Reimbursement

Lab and X-ray





Outpatient Physical Therapy				
Hospice Care		100% after deductible		
Home Health Care (includes Outpatient Private Duty Nursing)				
Skilled Nursing Facility				
TMJ- Surgical and Non Surgical - Always excludes appliances & orthodontic treatment. Subject to medical necessity.				

Infertility

