

# HDHP PLAN

|         |                              |
|---------|------------------------------|
| Benefit | Plan Maximum                 |
|         | Unlimited Lifetime           |
|         | \$2,500,000 Annual           |
|         | \$2,000 / \$4,000 Deductible |



| PHYSICIAN CARE  | PARTICIPATING PROVIDERS      | NON-PARTICIPATING PROVIDERS |
|---|------------------------------|-----------------------------|
| <b>Office Visits:</b>   |                              |                             |
| <i>Primary Care</i>   | 100% after deductible        | 70% after deductible        |
| <i>Specialists</i>  | 100% after deductible        | 70% after deductible        |
| <i>In-Hospital Visits</i>   | 100% after deductible        | 70% after deductible        |
| <i>Surgery</i>  | 100% after deductible        | 70% after deductible        |
| <i>Urgent Care</i>  | 100% after deductible        | 100% after deductible       |
| <i>Spine Manipulation</i>   | 100% after deductible        | 70% after deductible        |
| <b>PREVENTIVE CARE</b>  |                              |                             |
| <b>Routine Well Care Includes:</b>  | \$0 Copayment                | 70% after deductible        |
| <i>Pap Smear, Mammogram, X-rays, Laboratory Blood Tests, Prostate Screening, Immunizations/Flu Shots, Colonoscopy</i> |                              |                             |
| <b>PRESCRIPTION DRUG BENEFIT</b>  |                              |                             |
| Generic Drugs   | 100% after deductible        | 70% after deductible        |
| Brand Name Drugs  | 100% after deductible        | 70% after deductible        |
| <b>DIAGNOSTIC PROCEDURES</b>  |                              |                             |
| <i>Diagnostic X-rays and laboratory services outside a physician's office</i>   | 100% after deductible        | 70% after deductible        |
| <b>HOSPITAL CARE</b>  |                              |                             |
| <i>Room and Board, including Maternity</i>  | 100% after deductible        | 70% after deductible        |
| <i>Emergency Room</i>   | 100% after deductible        | 100% after deductible       |
| <i>Outpatient Surgery</i>   | 100% after deductible        | 70% after deductible        |
| <i>Lab/X-ray</i>  | 100% after deductible        | 70% after deductible        |
| <i>Outpatient Dialysis/Chemotherapy</i>   | 100% after deductible        | 70% after deductible        |
| <b>OTHER MEDICAL SERVICES</b>   |                              |                             |
| <i>Skilled Nursing Facility</i>   | 100% after deductible        | 70% after deductible        |
| Limited 30 days per member per calendar year  |                              |                             |
| <i>Hospice Care-Outpatient</i>  | 100% after deductible        | 70% after deductible        |
| <i>Diabetes Supplies</i>  | 100% after deductible        | 70% after deductible        |
| <i>Home Health Care</i>   | 100% after deductible        | 70% after deductible        |
| 60 visits per calendar year   |                              |                             |
| <i>Ambulance Service</i>  | 100% after deductible        | 70% after deductible        |
| <i>Occupational, Speech and Physical Therapy</i>  | 100% after deductible        | 70% after deductible        |
| 10 visits per calendar year per type of therapy   |                              |                             |
| <i>Prosthetic</i>   | 100% after deductible        | 70% after deductible        |
| <i>Organ Transplants</i>  | 100% after deductible        | 70% after deductible        |
| <b>DEDUCTIBLE AND COINSURANCE</b>   |                              |                             |
| Deductible  | \$2,000 Deductible           | \$4,000 Deductible          |
| Family Maximum  | \$4,000 Aggregate Deductible | \$8,000 Deductible          |
| Coinsurance   | 100%                         | 70%                         |
| <b>MAXIMUM OUT-OF-POCKET</b>  |                              |                             |
| Per Covered Person  | \$2,000                      | \$7,000                     |
| Per Family Unit   | \$4,000 Aggregate            | \$14,000                    |