

| | HMO Select—\$10/\$20 |
|---|------------------------------------|
| MEDICAL BENEFITS | |
| Deductible (Individual; Family) | NA |
| Coinsurance | NA |
| Out-of-Pocket Maximum (Per Member; Per Family) | \$6,600; \$13,200 |
| Alcohol/Drug Inpatient | \$240 copay |
| Alcohol/Drug Outpatient | \$15 copay |
| Ambulance | No charge |
| Blood | No charge |
| Diabetic Equipment & Supplies and Medical/Consumable | No charge |
| Diagnostic—Routine; Non-Routine | No charge |
| Emergency Care Services | \$35 copay (waived if admitted) |
| Hospital Services | \$240 copay |
| Injectable Medications - Specialty | No charge |
| Maternity/OB Care Prof. Svc | \$15 copay |
| Mental Health Inpatient | \$240 copay |
| Mental Health Outpatient | \$15 copay |
| Preventive Care Services | No charge |
| PCP Office Visits - Non-Preventive | \$10 copay |
| Specialist Office Visit | \$15 copay |
| Spinal Manipulation | No charge |
| Surgical - 2nd Opinion | \$15 copay |
| Outpatient Surgery | No charge |
| Therapy Ortho/Pleoptic and Rehab | No charge |
| Urgent Care | \$24 copay |
| OUT-OF-NETWORK BENEFITS | |
| Deductible | NA |
| Coinsurance (% Plan Pays) | NA |
| Out-of-Pocket Maximum | NA |
| PRESCRIPTION BENEFITS (Retail: up to a 30-day supply shown below: Mail order: Up to a 90-day Supply cost is 2x retail) | |
| Retail Pharmacy | |
| Generic | \$10 |
| Preferred | \$20 |
| Non-Preferred | \$20 |