

	Personal Choice 5—\$5/\$10
MEDICAL BENEFITS	
Deductible (Individual; Family)	NA
Coinsurance	NA
Out-of-Pocket Maximum (Per Member; Per Family)	\$6,600; \$13,200
Alcohol/Drug Inpatient	No charge
Alcohol/Drug Outpatient	\$5 copay
Ambulance	No charge
Blood	No charge
Diabetic Equipment & Supplies and Medical/Consumable	No charge
Diagnostic—Routine; Non-Routine	No charge
Emergency Care Services	\$50 copay (waived if admitted)
Hospital Services	No charge
Injectable Medications - Specialty	No charge
Maternity/OB Care Prof. Svc	\$5 copay
Mental Health Inpatient	No charge
Mental Health Outpatient	\$5 copay
Preventive Care Services	No charge
PCP Office Visits - Non-Preventive	\$5 copay
Specialist Office Visit	\$5 copay
Spinal Manipulation	\$10 copay (Out of Network: 80% after ded)
Surgical - 2nd Opinion	No charge
Outpatient Surgery	No charge
Therapy Ortho/Pleoptic and Rehab	\$10 copay (Cardiac, Pulm, Speech \$20 copay)
Urgent Care	\$35 copay
OUT-OF-NETWORK BENEFITS	
Deductible	\$250
Coinsurance (% Plan Pays)	\$500
Out-of-Pocket Maximum	\$7,600; \$15,200
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	\$5
Preferred	\$10
Non-Preferred	\$10