

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$100 single / \$200 family	\$200 single / \$400 family
Coinsurance	0% coinsurance after deductible	0% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	\$5 copay; Waived for dependents through age 18 / \$5 copay; Waived for dependents through	\$10 copay; Waived for dependents through / \$10 copay; Waived for dependents through age 18
Office Visit and Related Services	0% coinsurance after deductible	0% coinsurance after deductible
Preventive Services	\$0 copay	\$10 copay and/or 0% coinsurance after deductible
Deductible and Coinsurance Limit	\$100 single / \$200 family	\$200 single / \$400 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$250 single / \$500 family	\$500 single / \$1000 family
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$10 copay	50% coinsurance
Tier 2	\$20 copay	50% coinsurance
Tier 3	\$40 copay	Not Covered
Maximum Out-of-Pocket Prescription Copays	\$500 single / \$1500 family	\$500 single / \$1500 family
Diagnostic Services		
Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible / 0% coinsurance after deductible	0% coinsurance after deductible / 0% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	0% coinsurance after deductible
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	0% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Services		
Urgent Care	\$5 copay; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$5 copay; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	\$50 copay and/or 0% coinsurance after deductible	\$50 copay and/or 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	0% coinsurance after deductible
Mental Health Day Treatment Programs	0% coinsurance after deductible	0% coinsurance after deductible
Mental Health Outpatient	\$5 copay; Waived for dependents through age 18	\$10 copay; Waived for dependents through age 18
Durable Medical Equipment	0% coinsurance after deductible	0% coinsurance after deductible
Physical, Speech & Occupational Therapy	\$5 copay per therapy type per day; Waived for dependents through age 18	\$10 copay per therapy type per day; Waived for dependents through age 18
Plan Special Features		

This renewal plan includes prescription drug coverage that is creditable
 Unless otherwise noted, all benefits are based on a Contract Year
 This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose
 Please review your Member Certificate of Coverage for an exact description of the services and
 supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your
 Member Certificate is available at www.deancare.com.