



PerfectHealth HSA EPO 2500D

HealthPass PHealth	PHealth HSA EPO 2500D
Benefit	In-Network
Drug Card	
	100% After DED & \$1k OOP of 70/30% COINS
Major Medical	
Deductible Ind/Fam	\$2,500/\$5,000
Co-Insurance	100%
Out-of-Pocket	N/A
Office Copay	Deductible
DXL/Lab Fees	Deductible
Specialist Copay	Deductible
Calendar Maximum	\$5,000,000
Hospital Benefits	
Hospital In-Patient	Deductible
Hospital Out-Patient	Deductible
Emergency Room	Deductible
Private Nursing	Deductible up to \$125/day
Surgical Benefits	
Surgical In-Patient	Deductible
Surgical Out-Patient	Deductible
Mental Health	
Mental Nervous In-Patient	Deductible 30 days max/yr
Substance Abuse In-Patient	Deductible 30 days max/yr 7 days max/yr-detox
Mental Nervous Out-Patient	Deductible 20 visits max/yr
Substance Abuse Out-Patient	Deductible 60 visits max/yr 20 visits may be used for family members
Other	
Well Care (Up to 19)	No Charge
Routine Adult Care	Deductible
Chiropractic Care	Deductible
Home Health Care	Deductible
Non-Authorization	No Information Available
Therapy Services In-Patient	Deductible
Therapy Services Out-Patient	Deductible
Durable Medical Equipment	Deductible up to \$10,000 lifetime
Optical (1 exam every 12 months)	Deductible & Coinsurance

5.08.08

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will for the contract between the insured and the carrier.

(d) Non-Formulary / Oral Contraceptive / Deductible