



## 9/1/2017 - 12/1/2017 Summary of Benefits

	 Standard Platinum EPO	 Value Platinum EPO	 Market Platinum EPO
	In-Network	In-Network	In-Network
<b>Prescription Drugs</b>			
Drug Card	10/30/60	0/50/50%to\$500	10/30/60/60
<b>Cost Share Information</b>			
Individual/Family Deductible	N/A	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000
Co-Insurance	0%	10%	N/A
<b>Office Visits</b>			
Primary Care	\$15	\$20	\$15
Specialist	\$35	\$30	\$35
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$35	\$30	\$35
<b>Inpatient Services</b>			
Inpatient Hospital	\$500/admit	10%	\$500/admit
Mental Health Inpatient	\$500/admit	10%	\$500/admit
Substance Abuse Inpatient	\$500/admit	10%	\$500/admit
<b>Outpatient Services</b>			
Outpatient Facility	\$100	10%	\$100
Lab/X-Ray	\$35	Lab-No charge; X-ray-\$40	\$35
Advanced Radiology	\$35	\$100	\$35
Mental Health Outpatient	\$15	No charge	\$15
Substance Abuse Outpatient	\$15	No charge	\$15
<b>Emergency Care</b>			
Emergency Room	\$100 (waived if admitted)	\$250 (waived if admitted)	\$100
Ambulance	\$100	\$100	\$100
Urgent Care	\$55	\$75	\$55
<b>Recovery/Special Needs</b>			
Home Health Care	\$15; 40 visits/yr	\$30; 40 visits/yr	\$15; 40 visits/plan yr
Skilled Nursing	\$500/admit; 200 days/yr	10%; 200 days/yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	10%	10%	10%

Please refer to the official Summary of Benefits and Coverage (SBC) for complete summary of coverage.

\*\*Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.



## 9/1/2017 - 12/1/2017 Summary of Benefits

	 Simple Platinum EPO	 Freedom Platinum EPO 5/15	 Tradition Gold Copay EPO
	In-Network	In-Network	In-Network
<b>Prescription Drugs</b>			
Drug Card	0/50/0%/0% IntDed T3-4	5/30/60/100 ded T2-3	15/35/75/100 ded T2-3
<b>Cost Share Information</b>			
Individual/Family Deductible	\$1,500/\$3,000	N/A	N/A
Individual/Family OOP Limit	\$1,500/\$3,000 (incl ded)	\$3,000/\$6,000	\$7,150/\$14,300
Co-Insurance	0%	0%	0%
<b>Office Visits</b>			
Primary Care	\$10 ded waived	\$5	\$30
Specialist	\$50 ded waived	\$15	\$50
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$50 ded waived	\$15	\$50
<b>Inpatient Services</b>			
Inpatient Hospital	0% after ded	\$200/admit	\$500/day; \$1,500 max/admit
Mental Health Inpatient	0% after ded	\$200/admit	\$500/day; \$1,500 max/admit
Substance Abuse Inpatient	0% after ded	Rehab-\$200/admit	\$500/day; \$1,500 max/admit
<b>Outpatient Services</b>			
Outpatient Facility	0% after ded	Hosp-\$100; FS-\$50	\$300
Lab/X-Ray	Lab-\$25 ded waived; X-ray-0% after ded	Lab-No charge; X-ray-\$90	\$30
Advanced Radiology	0% after ded	Hosp-\$100; FS-No charge	\$100
Mental Health Outpatient	\$50 ded waived	\$15	\$30
Substance Abuse Outpatient	\$50 ded waived	Rehab-\$15	\$30
<b>Emergency Care</b>			
Emergency Room	0% after ded	\$200 (waived if admitted)	\$350 (waived if admitted)
Ambulance	0% after ded	No charge	\$150
Urgent Care	\$100 ded waived	\$50	\$50
<b>Recovery/Special Needs</b>			
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$15; 40 visits/contr yr	\$30; 40 visits/yr
Skilled Nursing	0% after ded; 200 days/plan yr	\$200/admit; 200 days/contr yr	\$500/day; \$1,500 max/admit; 200 days/yr
Durable Medical Equipment	0% after ded	No charge	No charge

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\*\*Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.



## 9/1/2017 - 12/1/2017 Summary of Benefits

	 <b>Value Gold Copay EPO</b>	 <b>Market Gold EPO</b>	 <b>Simple Gold EPO</b>
	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Prescription Drugs</b>			
Drug Card	0/50/50%to\$500 IntDed T3	10/35/70/70	0/50/0%/0% IntDed T3-4
<b>Cost Share Information</b>			
Individual/Family Deductible	\$500/\$1,000	\$600/\$1,200	\$3,000/\$6,000
Individual/Family OOP Limit	\$3,750/\$7,500 (incl ded)	\$4,000/\$8,000 (incl ded)	\$3,000/\$6,000 (incl ded)
Co-Insurance	20%	N/A	0%
<b>Office Visits</b>			
Primary Care	\$20 ded waived	\$25 after ded	\$10 ded waived
Specialist	\$50 ded waived	\$40 after ded	\$50 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$50 ded waived	\$40 after ded	\$50 ded waived
<b>Inpatient Services</b>			
Inpatient Hospital	20% after ded	\$1,000/admit after ded	0% after ded
Mental Health Inpatient	20% after ded	\$1,000/admit after ded	0% after ded
Substance Abuse Inpatient	20% after ded	\$1,000/admit after ded	0% after ded
<b>Outpatient Services</b>			
Outpatient Facility	20% after ded	\$100 after ded	0% after ded
Lab/X-Ray	Lab-\$40 ded waived; X-ray-\$60 ded waived	\$40 after ded	Lab-\$25 ded waived; X-ray-0% after ded
Advanced Radiology	\$100 ded waived	\$40 after ded	0% after ded
Mental Health Outpatient	No charge	\$25 after ded	\$50 ded waived
Substance Abuse Outpatient	No charge	\$25 after ded	\$50 ded waived
<b>Emergency Care</b>			
Emergency Room	\$250 (waived if admitted) ded waived	\$150 after ded	0% after ded
Ambulance	\$100 ded waived	\$150 after ded	0% after ded
Urgent Care	\$75 ded waived	\$60 after ded	\$100 ded waived
<b>Recovery/Special Needs</b>			
Home Health Care	\$20 ded waived; 40 visits/yr	\$25 after ded; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Skilled Nursing	20% after ded; 200 days/yr	\$1,000/admit after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	20% after ded	0% after ded

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## 9/1/2017 - 12/1/2017 Summary of Benefits

	 <b>Freedom Gold</b> <b>EPO 15/30</b>	 <b>Liberty Gold</b> <b>EPO 30/60**</b>	 <b>Metro Gold</b> <b>EPO 25/40 NG</b>
	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Prescription Drugs</b>			
Drug Card	15/35/75/100 ded T2-3	15/35/75/100 ded T2-3	10/65/90/100 ded T2-3
<b>Cost Share Information</b>			
Individual/Family Deductible	\$800/\$1,600	\$1,000/\$2,000	\$1,250/\$2,500
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	10%	0%	20%
<b>Office Visits</b>			
Primary Care	\$15 ded waived	\$30 ded waived	\$25 ded waived
Specialist	\$30 ded waived	\$60 ded waived	\$40 ded waived
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$30 ded waived	\$60 ded waived	\$40 ded waived
<b>Inpatient Services</b>			
Inpatient Hospital	10% after ded	\$500/day after ded; \$2,000 max/admit	20% after ded
Mental Health Inpatient	10% after ded	\$500/day after ded; \$2,000 max/admit	20% after ded
Substance Abuse Inpatient	Rehab-10% after ded	Rehab-\$500/day after ded; \$2,000 max/admit	Rehab-20% after ded
<b>Outpatient Services</b>			
Outpatient Facility	Hosp-\$300 after ded; FS-\$150 after ded	Hosp-\$250 after ded; FS-\$150 after ded	Hosp-\$500 after ded; FS-\$200 after ded
Lab/X-Ray	Lab-No charge; X-ray-\$80 after ded	Lab-No charge; X-ray-\$35 after ded	Lab-No charge; X-ray-\$50 after ded
Advanced Radiology	\$150 after ded	\$100 after ded	\$150 after ded
Mental Health Outpatient	\$30 ded waived	\$60 ded waived	\$40 ded waived
Substance Abuse Outpatient	Rehab-\$30 ded waived	Rehab-\$60 ded waived	Rehab-\$40 ded waived
<b>Emergency Care</b>			
Emergency Room	\$400 (waived if admitted) ded waived	\$200 (waived if admitted) ded waived	\$400 (waived if admitted) ded waived
Ambulance	No charge	No charge	No charge
Urgent Care	\$75 ded waived	\$75 ded waived	\$65 ded waived
<b>Recovery/Special Needs</b>			
Home Health Care	\$30 ded waived; 40 visits/contr yr	\$60 ded waived; 40 visits/contr yr	\$40 ded waived; 40 visits/contr yr
Skilled Nursing	10% after ded; 200 days/contr yr	\$500/day after ded; \$2,000 max/admit; 200 days/contr yr	20% after ded; 200 days/contr yr
Durable Medical Equipment	10% after ded	0% after ded	20% after ded

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## 9/1/2017 - 12/1/2017 Summary of Benefits




	 <b>Metro Gold EPO 25/40**</b> <b>In-Network</b>	 <b>Tradition Silver EPO 40/60 HRx</b> <b>In-Network</b>	 <b>Tradition Silver EPO HSA 100%</b> <b>In-Network</b>
<b>Prescription Drugs</b>			
Drug Card	10/65/50%to\$800	15/35/75/100 ded T2-3	0%/0%/0% IntDed
<b>Cost Share Information</b>			
Individual/Family Deductible	\$1,250/\$2,500	\$4,250/\$8,500	\$3,600/\$7,200
Individual/Family OOP Limit	\$4,500/\$9,000 (incl ded)	\$7,150/\$14,300 (incl ded)	\$3,600/\$7,200 (incl ded)
Co-Insurance	20%	20%	0%
<b>Office Visits</b>			
Primary Care	\$25 ded waived	\$40 ded waived	0% after ded
Specialist	\$40 ded waived	\$60 ded waived	0% after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$40 ded waived	\$60 ded waived	0% after ded
<b>Inpatient Services</b>			
Inpatient Hospital	20% after ded	20% after ded	0% after ded
Mental Health Inpatient	20% after ded	20% after ded	0% after ded
Substance Abuse Inpatient	Rehab-20% after ded	20% after ded	0% after ded
<b>Outpatient Services</b>			
Outpatient Facility	Hosp-\$500 after ded; FS-\$200 after ded	\$350 ded waived	0% after ded
Lab/X-Ray	Lab-No charge; X-ray-\$50 after ded	\$60 ded waived	0% after ded
Advanced Radiology	\$150 after ded	\$60 ded waived	0% after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived	0% after ded
Substance Abuse Outpatient	Rehab-\$40 ded waived	\$40 ded waived	0% after ded
<b>Emergency Care</b>			
Emergency Room	\$500 (waived if admitted) ded waived	\$350 (waived if admitted) ded waived	0% after ded
Ambulance	No charge	\$150 ded waived	0% after ded
Urgent Care	\$65 ded waived	\$60 ded waived	0% after ded
<b>Recovery/Special Needs</b>			
Home Health Care	\$40 ded waived; 40 visits/contr yr	\$40 ded waived; 40 visits/yr	0% after ded; 40 visits/yr
Skilled Nursing	20% after ded; 200 days/contr yr	20% after ded; 200 days/yr	0% after ded; 200 days/yr
Durable Medical Equipment	20% after ded	20% after ded	0% after ded

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## 9/1/2017 - 12/1/2017 Summary of Benefits

	 Value Silver EPO	 Market Silver EPO	 Simple Silver EPO
	In-Network	In-Network	In-Network
<b>Prescription Drugs</b>			
Drug Card	0/50/50%to\$500 IntDed T3	10/35/70/70	0/50/0%/0% IntDed T3-4
<b>Cost Share Information</b>			
Individual/Family Deductible	\$2,500/\$5,000	\$2,000/\$4,000	\$7,150/\$14,300
Individual/Family OOP Limit	\$7,100/\$14,200 (incl ded)	\$6,750/\$13,500 (incl ded)	\$7,150/\$14,300 (incl ded)
Co-Insurance	20%	N/A	0%
<b>Office Visits</b>			
Primary Care	\$35 ded waived	\$30 after ded	\$10 ded waived
Specialist	\$65 ded waived	\$50 after ded	\$50 ded waived
Maternity Prenatal/Postnatal Ca	No charge	No charge	No charge
Chiropractic Care	\$65 ded waived	\$50 after ded	\$50 ded waived
<b>Inpatient Services</b>			
Inpatient Hospital	20% after ded	\$1,500/admit after ded	0% after ded
Mental Health Inpatient	20% after ded	\$1,500/admit after ded	0% after ded
Substance Abuse Inpatient	20% after ded	\$1,500/admit after ded	0% after ded
<b>Outpatient Services</b>			
Outpatient Facility	20% after ded	\$100 after ded	0% after ded
Lab/X-Ray	\$75 ded waived	\$50 after ded	Lab-\$25 ded waived;X-ray- 0% after ded
Advanced Radiology	\$100 ded waived	\$50 after ded	0% after ded
Mental Health Outpatient	No charge	\$30 after ded	\$50 ded waived
Substance Abuse Outpatient	No charge	\$30 after ded	\$50 ded waived
<b>Emergency Care</b>			
Emergency Room	\$250 (waived if admitted) after ded	\$250 after ded	0% after ded
Ambulance	\$100 ded waived	\$150 after ded	0% after ded
Urgent Care	\$75 ded waived	\$70 after ded	\$100 ded waived
<b>Recovery/Special Needs</b>			
Home Health Care	\$35 ded waived; 40 visits/yr	\$30 after ded; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Skilled Nursing	20% after ded; 200 days/yr	\$1,500/admit after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	20% after ded	30% after ded	0% after ded

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## 9/1/2017 - 12/1/2017 Summary of Benefits

	 <b>Freedom Silver PPO 40/70</b>		 <b>Liberty Silver EPO 40/70</b>		 <b>Liberty Silver EPO HSA 80%</b>	
	In-Network	Out-Network	In-Network	In-Network	In-Network	In-Network
<b>Prescription Drugs</b>						
Drug Card	15/45/75/100 ded T2-3		15/45/75/100 ded T2-3		15/35/75 IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	\$2,500/\$5,000	\$4,000/\$8,000	\$2,500/\$5,000	\$2,000/\$4,000		
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)	\$10,000/\$20,000 (incl ded)	\$6,850/\$13,700 (incl ded)		\$5,500/\$11,000 (incl ded)	
Co-Insurance	30%	50%	30%		20%	
<b>Office Visits</b>						
Primary Care	\$40 ded waived	50% after ded	\$40 ded waived		\$25 after ded	
Specialist	\$70 ded waived	50% after ded	\$70 ded waived		\$50 after ded	
Maternity Prenatal/Postnatal Care	No charge		50% after ded		No charge	
Chiropractic Care	\$70 ded waived; pre-auth req	50% after ded; pre-auth req	\$70 ded waived		\$50 after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	30% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded		20% after ded	
Mental Health Inpatient	30% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded		20% after ded	
Substance Abuse Inpatient	Rehab-30% after ded; pre-auth req	Rehab-50% after ded; pre-auth req	Rehab-30% after ded		Rehab-20% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	30% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded		Hosp-\$250 after ded; FS- \$150 after ded	
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	50% after ded	Lab-No charge; X-ray-30% after ded		Lab-20% after ded; X-ray- \$90 after ded	
Advanced Radiology	30% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded		Hosp-\$100 after ded; FS-0% after ded	
Mental Health Outpatient	\$70 ded waived	50% after ded	\$70 ded waived		\$50 after ded	
Substance Abuse Outpatient	Rehab-\$70 ded waived	Rehab-50% after ded	Rehab-\$70 ded waived		Rehab-\$50 after ded	
<b>Emergency Care</b>						
Emergency Room	\$500 (waived if admitted) ded waived	Paid as in-network	\$500 (waived if admitted) ded waived		\$250 (waived if admitted) after ded	
Ambulance	30% after ded	Paid as in-network	No charge		20% after ded	
Urgent Care	\$75 ded waived	50% after ded	\$75 ded waived		\$75 after ded	
<b>Recovery/Special Needs</b>						
Home Health Care	\$70 ded waived; 40 visits/contr yr; pre-auth req	25% ded waived; 40 visits/contr yr; pre-auth req visits/contr yr	\$70 ded waived; 40 visits/ contr yr		\$50 after ded; 40 visits/contr yr	
Skilled Nursing	30% after ded; 200 days/contr yr; pre-auth req	50% after ded; 200 days/contr yr; pre-auth req	30% after ded; 200 days/contr yr		20% after ded; 200 days/contr yr	
Durable Medical Equipment	30% after ded; pre-auth req	50% after ded; pre-auth req	30% after ded		20% after ded	

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## 9/1/2017 - 12/1/2017 Summary of Benefits

	 <b>Metro Silver EPO 30/60**</b>	 <b>Standard Bronze EPO</b>	 <b>Tradition Bronze EPO HSA 100%</b>
	In-Network	In-Network	In-Network
<b>Prescription Drugs</b>			
Drug Card	10/65/50%to\$800	10/35/70 IntDed	0%/0%/0% IntDed
<b>Cost Share Information</b>			
Individual/Family Deductible	\$2,500/\$5,000	\$4,000/\$8,000	\$6,350/\$12,700
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)	\$7,150/\$14,300 (incl ded)	\$6,350/\$12,700 (incl ded)
Co-Insurance	30%	50%	0%
<b>Office Visits</b>			
Primary Care	\$30 ded waived	50% after ded	0% after ded
Specialist	\$60 ded waived	50% after ded	0% after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	\$60 ded waived	50% after ded	0% after ded
<b>Inpatient Services</b>			
Inpatient Hospital	30% after ded	50% after ded	0% after ded
Mental Health Inpatient	30% after ded	50% after ded	0% after ded
Substance Abuse Inpatient	Rehab-30% after ded	50% after ded	0% after ded
<b>Outpatient Services</b>			
Outpatient Facility	30% after ded	50% after ded	0% after ded
Lab/X-Ray	Lab-No charge; X-ray-30% after ded	50% after ded	0% after ded
Advanced Radiology	30% after ded	50% after ded	0% after ded
Mental Health Outpatient	\$60 ded waived	50% after ded	0% after ded
Substance Abuse Outpatient	Rehab-\$60 ded waived	50% after ded	0% after ded
<b>Emergency Care</b>			
Emergency Room	30% after ded	50% after ded	0% after ded
Ambulance	No charge	50% after ded	0% after ded
Urgent Care	\$80 ded waived	50% after ded	0% after ded
<b>Recovery/Special Needs</b>			
Home Health Care	\$60 ded waived; 40 visits/contr yr	50% after ded; 40 visits/yr	0% after ded; 40 visits/yr
Skilled Nursing	30% after ded; 200 days/contr yr	50% after ded; 200 days/yr	0% after ded; 200 days/yr
Durable Medical Equipment	30% after ded	50% after ded	0% after ded

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\*\*Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.





## 9/1/2017 - 12/1/2017 Summary of Benefits

	 <b>Market Bronze EPO</b>	 <b>Simple Bronze EPO</b>	 <b>Metro Bronze EPO HSA 100%**</b>
	In-Network	In-Network	In-Network
<b>Prescription Drugs</b>			
Drug Card	10/35/70/70 IntDed	5/0%/0%/0% IntDed T2-4	0%/0%/0% IntDed T2-3
<b>Cost Share Information</b>			
Individual/Family Deductible	\$4,000/\$8,000	\$7,150/\$14,300	\$6,550/\$13,100
Individual/Family OOP Limit	\$7,150/\$14,300 (incl ded)	\$7,150/\$14,300 (incl ded)	\$6,550/\$13,100 (incl ded)
Co-Insurance	50%	0%	0%
<b>Office Visits</b>			
Primary Care	50% after ded	0% after ded	0% after ded
Specialist	50% after ded	0% after ded	0% after ded
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge
Chiropractic Care	50% after ded	0% after ded	0% after ded
<b>Inpatient Services</b>			
Inpatient Hospital	50% after ded	0% after ded	0% after ded
Mental Health Inpatient	50% after ded	0% after ded	0% after ded
Substance Abuse Inpatient	50% after ded	0% after ded	Rehab-0% after ded
<b>Outpatient Services</b>			
Outpatient Facility	50% after ded	0% after ded	0% after ded
Lab/X-Ray	50% after ded	0% after ded	0% after ded
Advanced Radiology	50% after ded	0% after ded	0% after ded
Mental Health Outpatient	50% after ded	0% after ded	0% after ded
Substance Abuse Outpatient	50% after ded	0% after ded	Rehab-0% after ded
<b>Emergency Care</b>			
Emergency Room	50% after ded	0% after ded	0% after ded
Ambulance	50% after ded	0% after ded	0% after ded
Urgent Care	50% after ded	0% after ded	0% after ded
<b>Recovery/Special Needs</b>			
Home Health Care	50% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/contr yr
Skilled Nursing	50% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr	0% after ded; 200 days/contr yr
Durable Medical Equipment	50% after ded	0% after ded	0% after ded

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\*\*Gated plan which requires the selection of Primary Care Physician (PCP) and referrals to see specialists.