



9/1/2019 - 12/1/2019 Summary of Benefits

	 Prime Platinum Premier NG	 Platinum Pro EPO	 Circle Platinum	 Circle Plus Platinum
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	15/30/70	10/30/60	10/30/75	10/30/75
Cost Share Information				
Individual/Family Deductible	N/A	N/A	N/A	N/A
Individual/Family OOP Limit	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Co-Insurance	0%	0%	20%	20%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	No charge visits 1-3; \$15 visits 4+	\$20	\$10	\$10
Specialist	\$35	\$35	\$25	\$25
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	\$35; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$35	\$35	\$25	\$25
Inpatient Services				
Inpatient Hospital	\$500/admit; pre-auth req	\$500/admit	\$500/admit	\$500/admit
Inpatient Surgery	\$100; pre-auth req	\$100	\$50	\$50
Maternity Delivery/Inpatient	\$500/admit; pre-auth req	Delivery-\$100; IP-\$500/admit	\$500/admit	\$500/admit
Mental Health Inpatient	\$500/admit; pre-auth req	\$500/admit	\$500/admit	\$500/admit
Substance Abuse Inpatient	\$500/admit; pre-auth req	\$500/admit	\$500/admit	\$500/admit
Outpatient Services				
Outpatient Facility	\$100; pre-auth req	\$200	\$100	\$100
Outpatient Surgery	\$100; pre-auth req	\$100	\$50	\$50
Lab/X-Ray	PCP-\$15; SP-\$35	PCP-\$20; SP-\$35	Lab-\$15; X-ray-\$50	Lab-\$15; X-ray-\$50
Advanced Radiology	\$35	\$35	\$100	\$100
Mental Health Outpatient	\$15	\$20	\$25	\$25
Substance Abuse Outpatient	\$15	\$20	\$25	\$25
Emergency Care				
Emergency Room	\$200 (waived if admitted)	\$250 (waived if admitted)	\$500	\$500
Ambulance	\$100	\$150	\$500	\$500
Urgent Care	\$75	\$50	\$75	\$75
Recovery/Special Needs				
Home Health Care	\$35; 40 visits/plan yr; pre-auth req	\$20; 40 visits/plan yr	\$25; 40 visits/plan yr	\$25; 40 visits/plan yr
Habilitation services	\$35; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	\$35; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr
Durable Medical Equipment	10%; pre-auth req	10%	20%	20%
Hospice Services	\$500/admit; 210 days/plan yr; pre-auth req	\$500/admit IP; \$20 OP; 210 days/plan yr	20%; 210 days/plan yr	20%; 210 days/plan yr

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







9/1/2019 - 12/1/2019 Summary of Benefits

	 Liberty Advantage Platinum EPO 15/35 G	 Prime Gold Premier NG	 Prime Gold Plus G	 Prime Gold Plus 1 G
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	5/30/60/150 ded T2-3	10/30/70	15/30/70	15/35/75/100 ded T2-3
Cost Share Information				
Individual/Family Deductible	\$250/\$500	\$450/\$900	\$550/\$1,100	\$1,000/\$2,000
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$4,500/\$9,000 (incl ded)	\$4,000/\$8,000 (incl ded)
Co-Insurance	10%	0%	0%	0%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	\$15 ded waived	No charge visits 1-3; \$30 ded waived visits 4+	No charge visits 1-3; \$40 ded waived visits 4+	\$30 ded waived
Specialist	\$35 ded waived	\$50 ded waived	\$60 ded waived	\$60 ded waived
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$35 ded waived; 60 visits/cal yr comb PT/OT/ST	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	\$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth required	\$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	\$35 ded waived	\$50 ded waived	\$60 ded waived	\$60 ded waived
Inpatient Services				
Inpatient Hospital	10% after ded	\$1,000/admit after ded	\$1,500/admit after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit; pre-auth req
Inpatient Surgery	10% after ded	\$150 after ded	\$150 after ded; pre-auth req	\$150 after ded; pre-auth req
Maternity Delivery/Inpatient	10% after ded	\$1,000/admit after ded	\$1,500/admit after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit; pre-auth req
Mental Health Inpatient	10% after ded	\$1,000/admit after ded	\$1,500/admit after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit; pre-auth req
Substance Abuse Inpatient	Rehab-10% after ded	\$1,000/admit after ded	\$1,500/admit after ded; pre-auth req	\$500/day after ded; \$2,000 max/admit; pre-auth req
Outpatient Services				
Outpatient Facility	10% after ded	\$150 after ded	\$150 after ded; pre-auth req	\$250 after ded; pre-auth req
Outpatient Surgery	10% after ded	\$150 after ded	\$150 after ded; pre-auth req	\$150 after ded; pre-auth req
Lab/X-Ray	10% after ded	Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded	Lab-PCP-\$40 ded waived; SP-\$60 ded waived; X-ray-PCP-\$40 after ded; SP-\$60 after ded	Lab-No charge; X-ray-PCP-\$30 after ded; SP-\$60 after ded
Advanced Radiology	10% after ded	\$50 after ded	\$60 after ded	\$60 after ded
Mental Health Outpatient	\$35 ded waived	\$30 ded waived	\$40 ded waived	\$60 ded waived
Substance Abuse Outpatient	Rehab-\$35 ded waived	\$30 ded waived	\$40 ded waived	\$60 ded waived
Emergency Care				
Emergency Room	10% after ded	\$300 (waived if admitted) after ded	\$300 (waived if admitted) after ded	\$300 (waived if admitted) after ded
Ambulance	No charge	\$150 after ded	\$150 after ded	No charge
Urgent Care	\$35 ded waived	\$75 ded waived	\$75 ded waived	\$75 ded waived
Recovery/Special Needs				
Home Health Care	\$35 ded waived; 40 visits/cal yr	\$50 after ded; 40 visits/plan yr	\$60 after ded; 40 visits/plan yr; pre-auth req	\$60 after ded; 40 visits/plan yr
Habilitation services	\$35 ded waived; 60 visits/cal yr comb PT/OT/ST	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	\$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	\$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	10% after ded; 200 days/cal yr	\$1,000/admit after ded; 200 days/plan yr	\$1,500/admit after ded; 200 days/plan yr; pre-auth req	\$500/day after ded; \$2,000 max/admit; 200 days/plan yr; pre-auth req
Durable Medical Equipment	10% after ded	20% after ded	20% after ded; pre-auth req	20% after ded; pre-auth req
Hospice Services	10% after ded	\$1,000/admit after ded; 210 days/plan yr	\$1,500/admit after ded IP; 210 days/plan yr; pre-auth req	\$500/day after ded; \$2,000 max/admit; 210 days/plan yr pre-auth req

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9/1/2019 - 12/1/2019 Summary of Benefits

	 Select Care Gold Choice NG	 Gold Pro EPO	 Gold 25/50/0 Pro EPO	 Circle Gold
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	20/45/75 IntDed T2-3	10/50/85	10/50/85	10/25/100
Cost Share Information				
Individual/Family Deductible	\$750/\$1,500	N/A	N/A	N/A
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$7,000/\$14,000 (incl ded)	\$5,000/\$10,000
Co-Insurance	0%	0%	0%	20%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	No charge visits 1-3; \$30 ded waived visits 4+	\$25	\$25	\$25
Specialist	\$50 ded waived	\$40	\$50	\$50
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$50 ded waived	\$40	\$50	\$25
Inpatient Services				
Inpatient Hospital	\$2,000/admit after ded	\$500/admit	\$500/admit	\$500/day; 5 days/admit
Inpatient Surgery	\$150 after ded	\$100	\$100	\$150
Maternity Delivery/Inpatient	\$2,000/admit after ded	Delivery-\$100; IP-\$500/admit	Delivery-\$100; IP-\$500/admit	\$500/day; 5 days/admit
Mental Health Inpatient	\$2,000/admit after ded	\$500/admit	\$500/admit	\$500/day; 5 days/admit
Substance Abuse Inpatient	\$2,000/admit after ded	\$500/admit	\$500/admit	\$500/day; 5 days/admit
Outpatient Services				
Outpatient Facility	\$150 after ded	\$300	\$300	\$150
Outpatient Surgery	\$150 after ded	\$100	\$100	\$150
Lab/X-Ray	Lab-PCP-\$30 ded waived; SP-\$50 ded waived; X-ray-PCP-\$30 after ded; SP-\$50 after ded	PCP-\$25; SP-\$40	PCP-\$25; SP-\$50	\$50
Advanced Radiology	\$50 after ded	\$40	\$50	\$125
Mental Health Outpatient	\$30 ded waived	\$25	\$25	\$25
Substance Abuse Outpatient	\$30 ded waived	\$25	\$25	\$25
Emergency Care				
Emergency Room	\$300 (waived if admitted) after ded	\$350 (waived if admitted)	\$350 (waived if admitted)	\$750
Ambulance	\$150 after ded	\$150	\$150	\$750
Urgent Care	\$75 ded waived	\$60	\$60	\$75
Recovery/Special Needs				
Home Health Care	\$50 after ded; 40 visits/plan yr	\$25; 40 visits/plan yr	\$25; 40 visits/plan yr	\$50; 40 visits/plan yr
Habilitation services	\$50 after ded; 90 visits/cond/plan yr comb PT/OT/ST	\$40; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST	\$25; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$2,000/admit after ded; 200 days/plan yr	\$500/admit; 200 days/plan yr	\$500/admit; 200 days/plan yr	\$500/day; 5 days/admit; 200 days/plan yr
Durable Medical Equipment	20% after ded	15%	15%	20%
Hospice Services	\$2,000/admit after ded; 210 days/plan yr	\$500/admit IP; \$25 OP; 210 days/plan yr	\$500/admit IP; \$25 OP; 210 days/plan yr	20%; 210 days/plan yr

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9/1/2019 - 12/1/2019 Summary of Benefits

	OSCAR Circle Plus Gold In-Network	OSCAR Circle Gold 750 In-Network	OSCAR Circle Plus Gold 750 In-Network	OSCAR Circle Gold 2000 In-Network
Prescription Drugs				
Drug Card	10/25/100	15/50/100/100 ded T2-3	15/50/100/100 ded T2-3	10/50/100/150 ded T2-3
Cost Share Information				
Individual/Family Deductible	N/A	\$750/\$1,500	\$750/\$1,500	\$2,000/\$4,000
Individual/Family OOP Limit	\$5,000/\$10,000	\$7,500/\$15,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$7,000/\$14,000 (incl ded)
Co-Insurance	20%	20%	20%	20%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	\$25	\$25 ded waived	\$25 ded waived	\$25 ded waived
Specialist	\$50	\$50 ded waived	\$50 ded waived	\$50 ded waived
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$25	\$25 ded waived	\$25 ded waived	\$25 ded waived
Inpatient Services				
Inpatient Hospital	\$500/day; 5 days/admit	20% after ded	20% after ded	20% after ded
Inpatient Surgery	\$150	20% after ded	20% after ded	20% after ded
Maternity Delivery/Inpatient	\$500/day; 5 days/admit	20% after ded	20% after ded	20% after ded
Mental Health Inpatient	\$500/day; 5 days/admit	20% after ded	20% after ded	20% after ded
Substance Abuse Inpatient	\$500/day; 5 days/admit	20% after ded	20% after ded	20% after ded
Outpatient Services				
Outpatient Facility	\$150	20% after ded	20% after ded	20% after ded
Outpatient Surgery	\$150	20% after ded	20% after ded	20% after ded
Lab/X-Ray	\$50	20% coins subject to ded (x-ray) \$50 copay/visit not subject to ded (lab work)	20% coins subject to ded (x-ray) \$50 copay/visit not subject to ded (lab work)	20% coins subject to ded (x-ray) \$50 copay/visit not subject to ded (lab work)
Advanced Radiology	\$125	20% after ded	20% after ded	20% after ded
Mental Health Outpatient	\$25	\$25 ded waived	\$25 ded waived	\$25 ded waived
Substance Abuse Outpatient	\$25	\$25 ded waived	\$25 ded waived	\$25 ded waived
Emergency Care				
Emergency Room	\$750	20% after ded	20% after ded	\$250 ded waived
Ambulance	\$750	20% after ded	20% after ded	\$250 ded waived
Urgent Care	\$75	\$75 ded waived	\$75 ded waived	\$75 ded waived
Recovery/Special Needs				
Home Health Care	\$50; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr	\$50 ded waived; 40 visits/plan yr
Habilitation services	\$25; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	\$500/day; 5 days/admit; 200 days/plan yr	20% after ded; 200 days/plan yr	20% after ded; 200 days/plan yr	20% after ded; 200 days/plan yr
Durable Medical Equipment	20%	20% after ded	20% after ded	20% after ded
Hospice Services	20%; 210 days/plan yr	20% after ded; 210 days/plan yr	20% after ded; 210 days/plan yr	20% after ded; 210 days/plan yr

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9/1/2019 - 12/1/2019 Summary of Benefits

	 Circle Plus Gold 2000 In-Network	 Liberty Gold EPO 30/60 NG In-Network	 Liberty Gold EPO 30/60 G In-Network	 Metro Gold EPO 25/40 NG In-Network
Prescription Drugs				
Drug Card	10/50/100/150 ded T2-3	15/45/75/100 ded T2-3	15/35/75/100 ded T2-3	10/65/90/100 ded T2-3
Cost Share Information				
Individual/Family Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,250/\$2,500
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)	\$7,900/\$15,800 (incl ded)	\$4,500/\$9,000 (incl ded)	\$5,000/\$10,000 (incl ded)
Co-Insurance	20%	30%	0%	20%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	\$25 ded waived	\$30 ded waived	\$30 ded waived	\$25 ded waived
Specialist	\$50 ded waived	\$60 ded waived	\$60 ded waived	\$40 ded waived
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	\$25 ded waived	\$60 ded waived	\$60 ded waived	\$40 ded waived
Inpatient Services				
Inpatient Hospital	20% after ded	30% after ded	\$500/day after ded; \$2,000 max/admit	20% after ded
Inpatient Surgery	20% after ded	30% after ded	0% after ded	20% after ded
Maternity Delivery/Inpatient	20% after ded	30% after ded	\$500/day after ded; \$2,000 max/admit	20% after ded
Mental Health Inpatient	20% after ded	30% after ded	\$500/day after ded; \$2,000 max/admit	20% after ded
Substance Abuse Inpatient	20% after ded	Rehab-30% after ded	Rehab-\$500/day after ded; \$2,000 max/admit	Rehab-20% after ded
Outpatient Services				
Outpatient Facility	20% after ded	30% after ded	Hosp-\$250 after ded; FS-\$150 after ded	Hosp-\$500 after ded; FS-\$200 after ded
Outpatient Surgery	20% after ded	30% after ded	Included in Outpatient Facility	20% after ded
Lab/X-Ray	20% coins subject to ded (x-ray) \$50 copay/visit not subject to ded (lab work)	Lab-No charge; X-ray-30% after ded	Lab-No charge; X-ray-\$35 after ded	Lab-\$15 ded waived; X-ray-\$50 after ded
Advanced Radiology	20% after ded	30% after ded	\$100 after ded	\$150 after ded
Mental Health Outpatient	\$25 ded waived	\$60 ded waived	\$60 ded waived	\$40 ded waived
Substance Abuse Outpatient	\$25 ded waived	Rehab-\$60 ded waived	Rehab-\$60 ded waived	Rehab-\$40 ded waived
Emergency Care				
Emergency Room	\$250 ded waived	\$500 (waived if admitted) ded waived	\$500 (waived if admitted) ded waived	\$400 (waived if admitted) ded waived
Ambulance	\$250 ded waived	No charge	No charge	No charge
Urgent Care	\$75 ded waived	\$75 ded waived	\$75 ded waived	\$65 ded waived
Recovery/Special Needs				
Home Health Care	\$50 ded waived; 40 visits/plan yr	\$60 ded waived; 40 visits/cal yr	\$60 ded waived; 40 visits/cal yr	\$40 ded waived; 40 visits/cal yr
Habilitation services	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$60 ded waived; 60 visits/cal yr comb PT/OT/ST	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	20% after ded; 200 days/plan yr	30% after ded; 200 days/cal yr	\$500/day after ded; \$2,000 max/admit; 200 days/cal yr	20% after ded; 200 days/cal yr
Durable Medical Equipment	20% after ded	30% after ded	0% after ded	20% after ded
Hospice Services	20% after ded; 210 days/plan yr	30% after ded	\$500/day after ded; \$2,000 max/admit	20% after ded

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9/1/2019 - 12/1/2019 Summary of Benefits

	 Metro Gold EPO 25/40 G	 Prime Silver Premier NG	 Prime Silver Plus G	 Select Care Silver Value G
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	10/65/90/100 ded T2-3	15/35/75	20/40/75	10/0%/0% IntDed T2-3
Cost Share Information				
Individual/Family Deductible	\$1,250/\$2,500	\$3,300/\$6,600	\$2,550/\$5,100	\$6,300/\$12,600
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)	\$7,000/\$14,000 (incl ded)	\$7,300/\$14,600 (incl ded)	\$6,300/\$12,600 (incl ded)
Co-Insurance	20%	0%	0%	0%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	\$25 ded waived	No charge visits 1-3; \$30 ded waived visits 4+	No charge visits 1-3; \$40 after ded visits 4+	No charge visits 1-3; \$35 ded waived visits 4+
Specialist	\$40 ded waived	\$55 ded waived	\$60 after ded	\$70 ded waived
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	\$55 after ded; 90 visits/cond/plan yr comb PT/OT/ST	\$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Chiropractic Care	\$40 ded waived	\$55 ded waived	\$60 after ded	\$70 ded waived
Inpatient Services				
Inpatient Hospital	20% after ded	\$2,000/admit after ded	\$2,000/admit after ded; pre-auth req	0% after ded; pre-auth req
Inpatient Surgery	20% after ded	\$200 after ded	\$200 after ded; pre-auth req	0% after ded; pre-auth req
Maternity Delivery/Inpatient	20% after ded	\$2,000/admit after ded	\$2,000/admit after ded; pre-auth req	0% after ded; pre-auth req
Mental Health Inpatient	20% after ded	\$2,000/admit after ded	\$2,000/admit after ded; pre-auth req	0% after ded; pre-auth req
Substance Abuse Inpatient	Rehab-20% after ded	\$2,000/admit after ded	\$2,000/admit after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Services				
Outpatient Facility	Hosp-\$500 after ded; FS-\$200 after ded	\$200 after ded	\$200 after ded; pre-auth req	0% after ded; pre-auth req
Outpatient Surgery	20% after ded	\$200 after ded	\$200 after ded; pre-auth req	0% after ded; pre-auth req
Lab/X-Ray	Lab-\$15 ded waived; X-ray-\$50 after ded	Lab-PCP-\$30 ded waived; SP-\$55 ded waived; X-ray-PCP-\$30 after ded; SP-\$55 after ded	Lab-PCP-\$40 ded waived; SP-\$60 ded waived; X-ray-PCP-\$40 after ded; SP-\$60 after ded	Lab-\$35 ded waived; X-ray-0% after ded
Advanced Radiology	\$150 after ded	\$55 after ded	\$60 after ded	0% after ded
Mental Health Outpatient	\$40 ded waived	\$30 ded waived	\$40 after ded	\$35 ded waived
Substance Abuse Outpatient	Rehab-\$40 ded waived	\$30 ded waived	\$40 after ded	\$35 ded waived
Emergency Care				
Emergency Room	\$500 (waived if admitted) ded waived	\$500 (waived if admitted) after ded	\$500 (waived if admitted) after ded	0% after ded
Ambulance	No charge	\$200 after ded	\$200 after ded	0% after ded
Urgent Care	\$65 ded waived	\$75 ded waived	\$75 ded waived	\$75 ded waived
Recovery/Special Needs				
Home Health Care	\$40 ded waived; 40 visits/cal yr	\$55 after ded; 40 visits/plan yr	\$60 after ded; 40 visits/plan yr; pre-auth req	0% after ded; 40 visits/plan yr; pre-auth req
Habilitation services	\$40 ded waived; 60 visits/cal yr comb PT/OT/ST	\$55 after ded; 90 visits/cond/plan yr comb PT/OT/ST	\$60 after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req
Skilled Nursing	20% after ded; 200 days/cal yr	\$2,000/admit after ded; 200 days/plan yr	\$2,000/admit after ded; 200 days/plan yr; pre-auth req	0% after ded; 200 days/plan yr; pre-auth req
Durable Medical Equipment	20% after ded	30% after ded	30% after ded; pre-auth req	30% ded waived; pre-auth req
Hospice Services	20% after ded	\$2,000/admit after ded; 210 days/plan yr	\$2,000/admit after ded; 210 days/plan yr; pre-auth req	0% after ded; 210 days/plan yr; pre-auth req

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9/1/2019 - 12/1/2019 Summary of Benefits

	 Silver Pro EPO	 Silver 40/75/4700 Pro EPO	 Circle Silver	 Circle Plus Silver
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	20/60/110	20/60/110	20/50/50%/100 ded T3	20/50/50%/100 ded T3
Cost Share Information				
Individual/Family Deductible	\$2,950/\$5,900	\$4,700/\$9,400	N/A	N/A
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)	\$7,900/\$15,800 (incl ded)	\$7,900/\$15,800	\$7,900/\$15,800
Co-Insurance	40%	45%	20%	20%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	\$35 ded waived	\$40 ded waived	\$50	\$50
Specialist	\$70 ded waived	\$75 ded waived	\$75	\$75
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$70 ded waived	\$75 ded waived	\$50	\$50
Inpatient Services				
Inpatient Hospital	40% after ded	45% after ded	\$1,000/admit	\$1,000/admit
Inpatient Surgery	\$200	\$200	\$250	\$250
Maternity Delivery/Inpatient	Delivery-\$200 after ded; IP-40% after ded	Delivery-\$200 after ded; IP-45% after ded	\$1,000/admit	\$1,000/admit
Mental Health Inpatient	40% after ded	45% after ded	\$1,000/admit	\$1,000/admit
Substance Abuse Inpatient	40% after ded	45% after ded	\$1,000/admit	\$1,000/admit
Outpatient Services				
Outpatient Facility	40% after ded	45% after ded	\$500	\$500
Outpatient Surgery	\$200 after ded	\$200 after ded	\$250	\$250
Lab/X-Ray	PCP-\$35 ded waived; SP-\$70 ded waived	PCP-\$40 ded waived; SP-\$75 ded waived	\$75	\$75
Advanced Radiology	\$70 after ded	\$75 after ded	\$150	\$150
Mental Health Outpatient	\$35 ded waived	\$40 ded waived	\$50	\$50
Substance Abuse Outpatient	\$35 ded waived	\$40 ded waived	\$50	\$50
Emergency Care				
Emergency Room	\$600 (waived if admitted) after ded	\$600 (waived if admitted) after ded	\$650	\$650
Ambulance	\$300 after ded	\$300 after ded	\$650	\$650
Urgent Care	\$70 ded waived	\$75 ded waived	\$75	\$75
Recovery/Special Needs				
Home Health Care	\$35 after ded; 40 visits/plan yr	\$40 after ded; 40 visits/plan yr	\$75; 40 visits/plan yr	\$75; 40 visits/plan yr
Habilitation services	\$70 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$75 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST	\$50; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	40% after ded; 200 days/plan yr	45% after ded; 200 days/plan yr	\$1,000/admit; 200 days/plan yr	\$1,000/admit; 200 days/plan yr
Durable Medical Equipment	40% after ded	45% after ded	20%	20%
Hospice Services	40% after ded IP; \$35 ded waived OP; 210 days/plan yr	45% after ded IP; \$40 ded waived OP; 210 days/plan yr	20%; 210 days/plan yr	20%; 210 days/plan yr

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9/1/2019 - 12/1/2019 Summary of Benefits

	OSCAR Circle Silver 2700	OSCAR Circle Plus Silver 2700	OSCAR Circle Silver 4500	OSCAR Circle Plus Silver 4500
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	20/50/100	20/50/100	10/50%/50% IntDed T2-3	10/50%/50% IntDed T2-3
Cost Share Information				
Individual/Family Deductible	\$2,700/\$5,400	\$2,700/\$5,400	\$4,500/\$9,000	\$4,500/\$9,000
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)	\$7,900/\$15,800 (incl ded)	\$7,000/\$14,000 (incl ded)	\$7,000/\$14,000 (incl ded)
Co-Insurance	30%	30%	50%	50%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	\$40 ded waived	\$40 ded waived	\$25 ded waived	\$25 ded waived
Specialist	\$70 ded waived	\$70 ded waived	\$75 ded waived	\$75 ded waived
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	\$40 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$40 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$40 ded waived	\$40 ded waived	\$25 ded waived	\$25 ded waived
Inpatient Services				
Inpatient Hospital	30% after ded	30% after ded	50% after ded	50% after ded
Inpatient Surgery	30% after ded	30% after ded	50% after ded	50% after ded
Maternity Delivery/Inpatient	30% after ded	30% after ded	50% after ded	50% after ded
Mental Health Inpatient	30% after ded	30% after ded	50% after ded	50% after ded
Substance Abuse Inpatient	30% after ded	30% after ded	50% after ded	50% after ded
Outpatient Services				
Outpatient Facility	30% after ded	30% after ded	50% after ded	50% after ded
Outpatient Surgery	30% after ded	30% after ded	50% after ded	50% after ded
Lab/X-Ray	30% coins subject to ded (x-ray), \$70.00 copay/visit not subject to ded (lab work)	30% coins subject to ded (x-ray), \$70.00 copay/visit not subject to ded (lab work)	50% coins subject to ded (x-ray), \$75.00 copay/visit not subject to ded (lab work)	50% coins subject to ded (x-ray), \$75.00 copay/visit not subject to ded (lab work)
Advanced Radiology	30% after ded	30% after ded	50% after ded	50% after ded
Mental Health Outpatient	\$40 ded waived	\$40 ded waived	\$25 ded waived	\$25 ded waived
Substance Abuse Outpatient	\$40 ded waived	\$40 ded waived	\$25 ded waived	\$25 ded waived
Emergency Care				
Emergency Room	30% after ded	30% after ded	50% after ded	50% after ded
Ambulance	30% after ded	30% after ded	50% after ded	50% after ded
Urgent Care	\$75 ded waived	\$75 ded waived	\$75 ded waived	\$75 ded waived
Recovery/Special Needs				
Home Health Care	\$70 ded waived; 40 visits/plan yr	\$70 ded waived; 40 visits/plan yr	\$75 ded waived; 40 visits/plan yr	\$75 ded waived; 40 visits/plan yr
Habilitation services	\$40 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$40 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST	\$25 ded waived; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/plan yr	30% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr
Durable Medical Equipment	30% after ded	30% after ded	50% after ded	50% after ded
Hospice Services	30% after ded; 210 days/plan yr	30% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr

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9/1/2019 - 12/1/2019 Summary of Benefits

	 Circle Silver HSA 3000	 Circle Plus Silver HSA 3000	 Liberty Silver 40/70 NG	 Liberty Advantage Silver EPO 30/70 G
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	20%/20%/20% IntDed	20%/20%/20% IntDed	15/45/75/200 ded T2-3	15/50/90/150 ded T2-3
Cost Share Information				
Individual/Family Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$5,000/\$10,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$7,900/\$15,800 (incl ded)	\$7,350/\$14,700 (incl ded)
Co-Insurance	20%	20%	30%	40%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	20% after ded	20% after ded	\$40 ded waived	\$30 ded waived
Specialist	20% after ded	20% after ded	\$70 ded waived	\$70 ded waived
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	20% after ded	20% after ded	\$70 ded waived	\$70 ded waived
Inpatient Services				
Inpatient Hospital	20% after ded	20% after ded	30% after ded	40% after ded
Inpatient Surgery	20% after ded	20% after ded	30% after ded	40% after ded
Maternity Delivery/Inpatient	20% after ded	20% after ded	30% after ded	40% after ded
Mental Health Inpatient	20% after ded	20% after ded	30% after ded	40% after ded
Substance Abuse Inpatient	20% after ded	20% after ded	Rehab-30% after ded	Rehab-40% after ded
Outpatient Services				
Outpatient Facility	20% after ded	20% after ded	30% after ded	40% after ded
Outpatient Surgery	20% after ded	20% after ded	30% after ded	40% after ded
Lab/X-Ray	20% after ded	20% after ded	Lab-\$20 ded waived; X-ray-30% after ded	40% after ded
Advanced Radiology	20% after ded	20% after ded	30% after ded	40% after ded
Mental Health Outpatient	20% after ded	20% after ded	\$70 ded waived	\$70 ded waived
Substance Abuse Outpatient	20% after ded	20% after ded	Rehab-\$70 ded waived	Rehab-\$70 ded waived
Emergency Care				
Emergency Room	20% after ded	20% after ded	30% after ded	40% after ded
Ambulance	20% after ded	20% after ded	No charge	No charge
Urgent Care	20% after ded	20% after ded	\$75 ded waived	\$70 ded waived
Recovery/Special Needs				
Home Health Care	20% after ded; 40 visits/plan yr	20% after ded; 40 visits/plan yr	\$70 ded waived; 40 visits/cal yr	\$70 ded waived; 40 visits/cal yr
Habilitation services	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST	\$70 ded waived; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	20% after ded; 200 days/plan yr	20% after ded; 200 days/plan yr	30% after ded; 200 days/cal yr	40% after ded; 200 days/cal yr
Durable Medical Equipment	20% after ded	20% after ded	30% after ded	40% after ded
Hospice Services	20% after ded; 210 days/plan yr	20% after ded; 210 days/plan yr	30% after ded	40% after ded

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9/1/2019 - 12/1/2019 Summary of Benefits

	 Metro Silver EPO 30/80 NG In-Network	 Metro Silver EPO 30/80 G In-Network	 Prime Bronze Pluse HSA G In-Network	 Bronze Pro EPO HSA In-Network
Prescription Drugs				
Drug Card	10/65/90/100 ded T2-3	10/65/90/100 ded T2-3	10/35/75 IntDed	20%/20%/20% IntDed
Cost Share Information				
Individual/Family Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$5,500/\$11,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)	\$7,900/\$15,800 (incl ded)	\$6,550/\$13,100 (incl ded)	\$6,650/\$13,300 (incl ded)
Co-Insurance	30%	30%	50%	20%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	\$30 ded waived	\$30 ded waived	50% after ded	20% after ded
Specialist	\$80 ded waived	\$80 ded waived	50% after ded	20% after ded
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	Pre-No charge; Post-50% after ded	No charge
Rehabilitation Services	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	\$80 ded waived	\$80 ded waived	PT/OT/ST; pre-auth req 50% after ded	20% after ded
Inpatient Services				
Inpatient Hospital	30% after ded	30% after ded	50% after ded; pre-auth req	20% after ded
Inpatient Surgery	30% after ded	30% after ded	50% after ded; pre-auth req	20% after ded
Maternity Delivery/Inpatient	30% after ded	30% after ded	50% after ded; pre-auth req	20% after ded
Mental Health Inpatient	30% after ded	30% after ded	50% after ded; pre-auth req	20% after ded
Substance Abuse Inpatient	Rehab-30% after ded	Rehab-30% after ded	50% after ded; pre-auth req	20% after ded
Outpatient Services				
Outpatient Facility	30% after ded	30% after ded	50% after ded; pre-auth req	20% after ded
Outpatient Surgery	30% after ded	30% after ded	50% after ded; pre-auth req	20% after ded
Lab/X-Ray	Lab-\$15 ded waived; X-ray-30% after ded	Lab-\$15 ded waived; X-ray-30% after ded	50% after ded	20% after ded
Advanced Radiology	30% after ded	30% after ded	50% after ded	20% after ded
Mental Health Outpatient	\$80 ded waived	\$80 ded waived	50% after ded	20% after ded
Substance Abuse Outpatient	Rehab-\$80 ded waived	Rehab-\$80 ded waived	50% after ded	20% after ded
Emergency Care				
Emergency Room	30% after ded	30% after ded	50% after ded	20% after ded
Ambulance	No charge	No charge	50% after ded	20% after ded
Urgent Care	\$80 ded waived	\$80 ded waived	50% after ded	20% after ded
Recovery/Special Needs				
Home Health Care	\$80 ded waived; 40 visits/cal yr	\$80 ded waived; 40 visits/cal yr	50% after ded; 40 visits/plan yr; pre-auth req	20% after ded; 40 visits/plan yr
Habilitation services	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST	\$80 ded waived; 60 visits/cal yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST; pre-auth req	20% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	30% after ded; 200 days/cal yr	30% after ded; 200 days/cal yr	50% after ded; 200 days/plan yr; pre-auth req	20% after ded; 200 days/plan yr
Durable Medical Equipment	30% after ded	30% after ded	50% after ded; pre-auth req	20% after ded
Hospice Services	30% after ded	30% after ded	50% after ded; 210 days/plan yr; pre-auth req	20% after ded; 210 days/plan yr

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9/1/2019 - 12/1/2019 Summary of Benefits

	 Bronze 6650 Pro EPO HSA	 Circle Bronze 4000	 Circle Plus Bronze 4000	 Circle Bronze 7900
	In-Network	In-Network	In-Network	In-Network
Prescription Drugs				
Drug Card	0%/0%/0% IntDed	20/50/100 IntDed	20/50/100 IntDed	0%/0%/0% IntDed
Cost Share Information				
Individual/Family Deductible	\$6,650/\$13,300	\$4,000/\$8,000	\$4,000/\$8,000	\$7,900/\$15,800
Individual/Family OOP Limit	\$6,650/\$13,300 (incl ded)	\$7,900/\$15,800 (incl ded)	\$7,900/\$15,800 (incl ded)	\$7,900/\$15,800 (incl ded)
Co-Insurance	0%	50%	50%	0%
Lifetime Max	None	None	None	None
Office Visits				
Primary Care	0% after ded	50% after ded	50% after ded	0% after ded
Specialist	0% after ded	50% after ded	50% after ded	0% after ded
Adult Preventive Care	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Chiropractic Care	0% after ded	50% after ded	50% after ded	0% after ded
Inpatient Services				
Inpatient Hospital	0% after ded	50% after ded	50% after ded	0% after ded
Inpatient Surgery	0% after ded	50% after ded	50% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	50% after ded	50% after ded	0% after ded
Mental Health Inpatient	0% after ded	50% after ded	50% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	50% after ded	50% after ded	0% after ded
Outpatient Services				
Outpatient Facility	0% after ded	50% after ded	50% after ded	0% after ded
Outpatient Surgery	0% after ded	50% after ded	50% after ded	0% after ded
Lab/X-Ray	0% after ded	50% after ded	50% after ded	0% after ded
Advanced Radiology	0% after ded	50% after ded	50% after ded	0% after ded
Mental Health Outpatient	0% after ded	50% after ded	50% after ded	0% after ded
Substance Abuse Outpatient	0% after ded	50% after ded	50% after ded	0% after ded
Emergency Care				
Emergency Room	0% after ded	50% after ded	50% after ded	0% after ded
Ambulance	0% after ded	50% after ded	50% after ded	0% after ded
Urgent Care	0% after ded	\$75 ded waived	\$75 ded waived	\$75 ded waived
Recovery/Special Needs				
Home Health Care	0% after ded; 40 visits/plan yr	50% after ded; 40 visits/plan yr	50% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	50% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr	50% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr
Durable Medical Equipment	0% after ded	50% after ded	50% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr	50% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr

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9/1/2019 - 12/1/2019 Summary of Benefits

	oscar Circle Plus Bronze 7900	oscar Circle Bronze HSA 6650	oscar Circle Plus Bronze HSA 6650	UnitedHealthcare [®] <small>Oxford</small> Liberty Bronze EPO HSA 3300 NG	UnitedHealthcare [®] <small>Oxford</small> Metro Bronze EPO HSA 6550 G
	In-Network	In-Network	In-Network	In-Network	In-Network
Prescription Drugs					
Drug Card	0%/0%/0% IntDed	0%/0%/0% IntDed	0%/0%/0% IntDed	30%/30%/30% IntDed	0%/0%/0% IntDed
Cost Share Information					
Individual/Family Deductible	\$7,900/\$15,800	\$6,650/\$13,300	\$6,650/\$13,300	\$3,300/\$6,600	\$6,550/\$13,100
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)	\$6,650/\$13,300 (incl ded)	\$6,650/\$13,300 (incl ded)	\$6,700/\$13,400 (incl ded)	\$6,700/\$13,400 (incl ded)
Co-Insurance	0%	0%	0%	30%	0%
Lifetime Max	None	None	None	None	None
Office Visits					
Primary Care	0% after ded	0% after ded	0% after ded	\$25 after ded	0% after ded
Specialist	0% after ded	0% after ded	0% after ded	\$75 after ded	0% after ded
Adult Preventive Care	No charge	No charge	No charge	No charge	No charge
Child Preventive Care	No charge	No charge	No charge	No charge	No charge
Maternity Prenatal/Postnatal Care	No charge	No charge	No charge	No charge	No charge
Rehabilitation Services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	\$75 after ded; 60 visits/cal yr comb PT/OT/ST	0% after ded; 60 visits/cal yr comb PT/OT/ST
Chiropractic Care	0% after ded	0% after ded	0% after ded	\$75 after ded	0% after ded
Inpatient Services					
Inpatient Hospital	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Inpatient Surgery	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Maternity Delivery/Inpatient	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Mental Health Inpatient	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Substance Abuse Inpatient	0% after ded	0% after ded	0% after ded	Rehab-30% after ded	Rehab-0% after ded
Outpatient Services					
Outpatient Facility	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Outpatient Surgery	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Lab/X-Ray	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Advanced Radiology	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Mental Health Outpatient	0% after ded	0% after ded	0% after ded	\$75 after ded	0% after ded
Substance Abuse Outpatient	0% after ded	0% after ded	0% after ded	Rehab-\$75 after ded	Rehab-0% after ded
Emergency Care					
Emergency Room	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Ambulance	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Urgent Care	\$75 ded waived	0% after ded	0% after ded	30% after ded	0% after ded
Recovery/Special Needs					
Home Health Care	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr	0% after ded; 40 visits/plan yr	\$75 after ded; 40 visits/cal yr	0% after ded; 40 visits/cal yr
Habilitation services	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	0% after ded; 60 visits/cond/plan yr comb PT/OT/ST	\$75 after ded; 60 visits/cal yr comb PT/OT/ST	0% after ded; 60 visits/cal yr comb PT/OT/ST
Skilled Nursing	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr	0% after ded; 200 days/plan yr	30% after ded; 200 days/cal yr	0% after ded; 200 days/cal yr
Durable Medical Equipment	0% after ded	0% after ded	0% after ded	30% after ded	0% after ded
Hospice Services	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr	0% after ded; 210 days/plan yr	30% after ded	0% after ded

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