

	In network* Aware	Out of network**
Calendar-year deductible No fourth quarter carryover Embedded deductible	\$5,000 individual \$10,000 family	
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Calendar-year out-of-pocket maximum Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	\$5,000 individual \$10,000 family	\$5,500 individual \$11,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	100% 100% 100% 100% 100% 100%	100% 100% Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Omada® <ul style="list-style-type: none"> • diabetes • diabetes and cardiovascular disease 	100% 100%	No coverage No coverage
Physician services <ul style="list-style-type: none"> • e-visits • in-hospital medical visits • surgery and anesthesia • professional lab services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • professional diagnostic imaging • allergy injections and serum 	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy 	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Inpatient hospital services	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Outpatient hospital services <ul style="list-style-type: none"> • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based) 	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Emergency care <ul style="list-style-type: none"> • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	
Medical supplies	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Bariatric surgery	No coverage	
Reproduction treatments	No coverage	

