



Medical Benefits

HIGH DEDUCTIBLE PLAN

HDHP PLAN - HMED PPO

PARTICIPATING PROVIDERS

NON-PARTICIPATING PROVIDERS (SUBJECT TO USUAL AND CUSTOMARY CHARGES)

LIFETIME & CALENDAR YEAR MAXIMUM BENEFIT	UNLIMITED	
CALENDAR YEAR DEDUCTIBLE		
Single	\$1,625	\$6,500
Family	\$4,875	\$19,500
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	(does not include: Deductible, Copays)	
Single	\$4,750	\$10,500
Family	\$14,250	\$31,500

MEDICAL BENEFITS (Cost to you after Deductible has been met)

PHYSICIAN'S SERVICES

Preventative Care/Screening/Immunization	Visit No Charge; Deductible Waived	50% Coinsurance
Primary Care Visit To Treat An Injury Or Illness	\$30 Copay per visit; Deductible Waived	50% Coinsurance
Special Visit	\$30 Copay per visit; Deductible Waived	50% Coinsurance

HOSPITAL EXPENSES OR LONG TERM ACUTE CARE FACILITY/HOSPITAL (FACILITY CHARGES)

Inpatient	20% Coinsurance	\$500 Copay per visit; 40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	50% Coinsurance
Outpatient	20% Coinsurance	50% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	50% Coinsurance

IMMEDIATE CARE

Ambulance Services	20% Coinsurance	20% Coinsurance
Emergency Services/Emergency Room Services	\$250 Copay per visit; 20% Coinsurance	\$250 Copay per visit; 50% Coinsurance
Urgent Care Facility	\$40 Copay per visit	50% Coinsurance

TESTS & IMAGING

X-Ray & Laboratory Services	20% Coinsurance	50% Coinsurance
Imaging (Ct/Pet Scans, Mri's)	20% Coinsurance	50% Coinsurance

MATERNITY

Office Visits	20% Coinsurance	50% Coinsurance
Childbirth/Delivery Professional Services	20% Coinsurance	50% Coinsurance
Childbirth/Delivery Facility Services	20% Coinsurance	\$500 Copay per visit; 50% Coinsurance

OTHER

Chiropractic Care/Spinal Manipulation	20% Coinsurance; 10 Visit/Year Maximum	50% Coinsurance; 10 Visit/Year Maximum
Durable Medical Equipment (DME)	20% Coinsurance	50% Coinsurance

This is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details including limitations, exclusions and other requirements, please refer to the actual Summary Plan Description.