**Benefit** | In Network - Employee Pays | Out of Network*** - Employee Pays
---|---|---
**HSA** | Employee only: **$1,000** if salary is $85,000 or less; **$500** if salary is between $85,001 and $150,000 | |
**ANNUAL DEDUCTIBLE** | **$1,400** Individual | **$2,800** Individual
**$2,800** Family** | **$5,600** Individual w/in Family deductible

(Integrated Deductible & OPM) | | |
**ANNUAL OUT-OF-POCKET MAXIMUM** | **$3,000** Individual | **$6,000** Individual
**$6,000** Family | **$12,000** Individual w/in Family
(INCLUDING DEDUCTIBLE) | **$6,000** Individual w/in Family | |
(Integrated Deductible & OPM) | Plan pays 100% of eligible expenses after this amount has been satisfied. | |
**LIFETIME MAXIMUM BENEFIT** | Unlimited | Unlimited
**OFFICE VISITS** | Innovation Health Facility: 10% after deductible | 50% after deductible
Choice POS II facility: 20% after deductible
**LAB X-RAY DIAGNOSTICS** | Innovation Health Facility: 10% after deductible | 50% after deductible
Choice POS II facility: 20% after deductible
**PREVENTIVE CARE** | Adult routine care: covered at 100% (not subject to deductible); limit 1 per calendar year. Coverage for enhanced women’s health benefits at 100%. Contact plan for specifics. | Adult routine care: covered at 50% after deductible; limit 1 per calendar year. Contact plan for specifics.
**HOSPITAL CARE** | Innovation Health Facility: 10% after deductible | 50% after deductible
Inpatient | Choice POS II facility: 20% after deductible
| Outpatient | Innovation Health Facility: 10% after deductible | 50% after deductible
| Choice POS II facility: 20% after deductible
**EMERGENCY CARE** | Innovation Health Facility: 20% after deductible | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible
In-area | Choice POS II Facility: 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible
| Out-of-area | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible | 20% after deductible. For non-emergent use of the emergency room, employee pays 50% after deductible
**PRESCRIPTIONS** | After deductible, $5 generics, 30% brand and 50% non-formulary brand. Certain preventive drugs not subject to deductible.**** | Not covered
Retail | Not covered
**MENTAL HEALTH** | Innovation Health Facility: 10% after deductible | 50% after deductible
Inpatient | Choice POS II facility: 20% after deductible
| Outpatient | Innovation Health Facility: 10% after deductible | 50% after deductible
| Choice POS II facility: 20% after deductible
**SUBSTANCE ABUSE** | Innovation Health Facility: 10% after deductible | 50% after deductible
Inpatient Detox and Rehab | Choice POS II facility: 20% after deductible
| Outpatient | Innovation Health Facility: 10% after deductible | 50% after deductible
| Choice POS II facility: 20% after deductible
**CHIROPRACTIC** | Innovation Health Facility: 10% after deductible | 50% after deductible if medically necessary
Inpatient | Choice POS II facility: 20% after deductible
**DURABLE MEDICAL EQUIPMENT** | Innovation Health Facility: 10% after deductible | 50% after deductible
Inpatient | Choice POS II facility: 20% after deductible
**VISION EXAMS** | Not covered | Not covered
**EYEWEAR** | Not covered | Not covered

*APO/FPO addresses are not eligible for HSA plan set-up. A physical U.S. address must be provided.
** The family deductible is an aggregate deductible where you must satisfy entire deductible before the plan pays benefits for any member
*** Out-of-Network benefits based on Usual, Reasonable, and Customary (URC) charges for the specific service in that geographic region.
**** Prescription Drugs are administered by Express Scripts (ESI, formerly Medco)

Information contained in the summary is designed for general reference only. If there is any conflict between this benefit summary and the plan document/certificate, the plan document/certificate governs.