

Overview	C2	C3	C4
Calendar year deductible — individual/family	\$3,000/\$9,000	\$500/\$1,500	\$1,000/\$3,000
Coinsurance	50%	50%	50%
Out-of-pocket maximum — individual/family	\$10,000/\$20,000	\$6,000/\$12,000	\$8,000/\$16,000
Lifetime maximum — medical	None	None	None
Health and Wellness			
Gym Membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	\$0	\$0
Office visits			
Chiropractor (20 visits max. per calendar year)	\$35	\$25	\$30
Primary care physician (PCP)	\$35	\$25	\$30
Podiatrist	\$35	\$25	\$30
Maternity	50%	\$50	\$60
Ultrasound	50%	50%	50%
Delivery	50%	\$1,000/admission	\$1,500/admission
All other specialists (including consultations and second opinions)	50%	\$50	\$60
Outpatient services			
Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)	50%	50%	50%
Allergy shots	50%	50%	50%
Emergency room services	50%	50%	50%
Lab tests, routine (except genetic testing) (all outpatient locations)	\$0	\$0	\$0
Outpatient surgery (includes colonoscopy and endoscopy)	50%	50%	50%
Preventive care (see certificate of coverage for details)	\$0	\$0	\$0
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	50%	50%	50%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	50%	50%	50%
Renal dialysis	50%	50%	50%
Specialty therapies (chemo, radiation, drug infusion, IV therapy)	50%	50%	50%
Vasectomy (physician office setting)	50%	50%	50%
All other medically necessary outpatient services	50%	50%	50%
Inpatient services (Some services may require authorization)			
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	50%	50%	50%
Hospital admission, medical (includes all services)	50%	\$1,000/admission	\$1,500/admission
Hospital admission, mental health, full and partial (30 days max. per calendar year)	50%	50%	50%
Ambulance	50%	50%	50%
Other services (Some services may require authorization)			
Durable medical equipment & external prosthetic devices (\$2,500 max. per calendar year, limit does not apply to diabetic supplies)	50%	50%	50%
Home health care (60 visits max. per calendar year)	50%	50%	50%
Hospice (180 days maximum per calendar year)	50%	50%	50%
Hyperbaric oxygen therapy (per treatment)	50%	50%	50%
Pain management (per treatment day)	50%	50%	50%
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	50%	50%	50%
Skilled nursing facility (120 days max. per calendar year)	50%	50%	50%
Urgent care — in service area (must use participating provider)	\$50	\$50	\$50