### Unity Health Insurance Rates

(Rates effective July 1, 2017)

As an added benefit, BDUSD contributes 85% of the total Single health insurance premium and 81.5% of the total Family health insurance premium for 100% FTE employees.

The employee is responsible for the balance of monthly premiums.

Any staff member with a contract that is less than 100% FTE will have his/her benefit rates prorated.

| HMO Plan<br>(Deductible: \$1250 Single / \$2500 Family)  |  | POS Plan<br>(Deductible: \$1250 Single / \$2500 Family)   |   |
|--|--|---|---|
| SINGLE Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$53.81 per pay period – 24 deductions | \$717.50<br>\$609.87<br>\$107.62                 | SINGLE Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$82.75 per pay period – 24 deductions  | \$775.37<br>\$609.87<br>\$165.50          |
| FAMILY Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$172.56 per pay period – 24 deduction | \$1865.50<br>\$1520.38<br>\$345.12<br>ns)        | FAMILY Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$247.79 per pay period – 24 deduction) | \$2015.96<br>\$1520.38<br>\$495.58<br>ns) |
| HMO Plan- HDHP / HSA<br>(Deductible: \$2000 Single / \$4000 Family)  |  | POS Plan- HDHP / HSA (Deductible: \$2000 Single / \$4000 Family) SINGLE   |   |
| SINGLE Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$50.93 per pay period – 24 deductions | \$679.12<br>\$577.26<br>\$101.86                 | Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$69.80 per pay period – 24 deduction          | \$716.86<br>\$577.26<br>\$139.60<br>s)    |
| FAMILY Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$163.33 per pay period – 24 de        | \$1765.71<br>\$1439.05<br>\$326.66<br>eductions) | FAMILY Total Monthly Premium: Employer Monthly Contribution: Employee Monthly Deduction: (\$212.39 per pay period – 24 deduction) | \$1863.84<br>\$1439.06<br>\$424.78<br>ns) |

### **Delta Dental Insurance Rates**

(Rates effective July 1, 2017)

As an added benefit, BDUSD contributes 85% of the total Single dental insurance premium and 80% of the total Family dental insurance premium for 100% FTE employees.

The employee is responsible for the balance of monthly premiums.

Any staff member with a contract that is less than 100% FTE will have his/her benefit rates prorated.

| SINGLE                                  |         | FAMILY                                 |                  |
|---|---------|--|------------------|
| Total Monthly Premium:                  | \$50.20 | Total Monthly Premium:                 | <b>\$</b> 129.64 |
| Employer Monthly Contribution:          | \$42.66 | Employer Monthly Contribution:         | \$103.72         |
| Employee Monthly Deduction:             | \$7.54  | Employee Monthly Deduction:            | \$25.92          |
| (\$3.77 per pay period – 24 deductions) |         | (\$12.96 per pay period – 24 deduction | s)               |



## **HMO Benefit Overview**

# BEAVER DAM UNIFIED SCHOOL DISTRICT HMO1-1

| Annual Deductible Coinsurance Annual Maximum Out of Pocket Lifetime Maximum Annual Maximum for Essential Benefits Preventive Services Dependent Age  Physician Services Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Subject to Deductible and Coinsurance  Emergency Services Emergency Room Urgent Care Ambulance Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance  |   |
|---|---|
| Annual Maximum Out of Pocket Lifetime Maximum Annual Maximum for Essential Benefits Preventive Services Dependent Age  Physician Services Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Emergency Services Emergency Room Urgent Care Ambulance  Pharmacy Benefits  \$2,500/\$5,000 (Single/Family) Unlimited Unlimi  |   |
| Annual Maximum Out of Pocket Lifetime Maximum Annual Maximum for Essential Benefits Preventive Services Dependent Age  Physician Services Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Emergency Services Emergency Room Urgent Care Ambulance  S2,500/\$5,000 (Single/Family) Unlimited Unlim   |   |
| Lifetime Maximum Annual Maximum for Essential Benefits Preventive Services Dependent Age  Physician Services Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Emergency Services Emergency Room Urgent Care Ambulance  Unlimited Unlimite  |   |
| Annual Maximum for Essential Benefits Preventive Services Dependent Age  Physician Services Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Vision Services General Inpatient Delivery & Newborn Charges Outpatient Services Emergency Services Emergency Room Urgent Care Ambulance  Physician Services Unlimited Unline Subject Subject to Deductible and Coinsurance  |   |
| Preventive Services Dependent Age  Physician Services Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Unlimited 26/26  \$0 Copayment for children to age 26 \$30 Copayment  \$40 Copayment  \$4125 Copayment   |   |
| Dependent Age  26/26  Physician Services  Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Ungative Services Subject to Deductible and Coinsurance   |   |
| Physician Services  Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Emergency Services Emergency Services Emergency Room Urgent Care Ambulance  \$0 Copayment for children to age 26 \$30 Copayment        |   |
| Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Services Emergency Room Urgent Care Ambulance  S30 Copayment \$30 Copayment \$40 Copayment     |   |
| Office Visit Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services Outpatient Services Emergency Services Emergency Room Urgent Care Ambulance  Pharmacy Benefits  \$30 Copayment \$40 Copa     |   |
| Chiropractor Visits Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance  San Copayment  \$30 Copayment \$30 Copayment  \$40 Deductible and Coinsurance  \$40 Copayment  \$40 Copay            |   |
| Hearing Examination Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance  S30 Copayment  \$30 Copayment \$30 Copayment  \$40 Deductible and Coinsurance  \$40 Copayment Subject to Deductible and Coinsurance  Pharmacy Benefits   |   |
| Podiatry Services Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance  \$30 Copayment \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$30 Copayment  \$40 Deductible and Coinsurance  \$40 Copayment |   |
| Vision Services Weight Loss/Nutritional Counseling  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance  \$30 Copayment \$30 Copayment  Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance  Subject to Deductible and Coinsurance  \$125 Copayment \$60 Copayment Subject to Deductible and Coinsurance  |   |
| Weight Loss/Nutritional Counseling \$30 Copayment  Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance Subject to Deductible and Coinsurance  |   |
| Hospital Services General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance Subject to Deductible and Coinsurance  \$125 Copayment \$60 Copayment Subject to Deductible and Coinsurance   |   |
| General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance  Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance  \$125 Copayment \$60 Copayment Subject to Deductible and Coinsurance  |   |
| General Inpatient Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance  Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance Subject to Deductible and Coinsurance  \$125 Copayment \$60 Copayment Subject to Deductible and Coinsurance  |   |
| Delivery & Newborn Charges Outpatient Services  Emergency Services Emergency Room Urgent Care Ambulance  Subject to Deductible and Coinsurance  \$125 Copayment \$60 Copayment Subject to Deductible and Coinsurance  |   |
| Outpatient Services  Emergency Services  Emergency Room Urgent Care Ambulance  Subject to Deductible and Coinsurance  \$125 Copayment \$60 Copayment Subject to Deductible and Coinsurance  |   |
| Emergency Services  Emergency Room Urgent Care Ambulance  Subject to Deductible and Coinsurance  Pharmacy Benefits  |   |
| Emergency Room Urgent Care Ambulance  Subject to Deductible and Coinsurance  Pharmacy Benefits  |   |
| Emergency Room Urgent Care Ambulance  Subject to Deductible and Coinsurance  Pharmacy Benefits  |   |
| Urgent Care \$60 Copayment Ambulance Subject to Deductible and Coinsurance  Pharmacy Benefits   |   |
| Ambulance Subject to Deductible and Coinsurance  Pharmacy Benefits  |   |
| Pharmacy Benefits   |   |
|   |   |
|   |   |
| Tier 1/Tier 2/Tier 3 \$20/\$40/\$60/\$100 Spec Rx Copav   |   |
| 1 101 11 101 21 101 0   |   |
| Value Tier \$5 Rx Outcomes  |   |
| Max Out-of-Pocket (Single/Family) \$2,000/\$4,000   |   |
|   |   |
| Behavioral Health   |   |
| Inpatient Subject to Deductible and Coinsurance   |   |
| Transitional Subject to Deductible and Coinsurance  |   |
| Outpatient  |   |
| Psychiatrist or Psychologist \$30 Copayment   |   |
| Other Mental Health Professional \$30 Copayment   |   |
| Other Mental Florescional   |   |
| Diagnostic Services   |   |
| Lab Subject to Deductible and Coinsurance   |   |
| X-Ray Subject to Deductible and Coinsurance   |   |
| MRI/MRA Scan \$50 Copayment   |   |
| PET Scan \$50 Copayment   |   |
| CAT Scan \$50 Copayment   |   |
| CAT Scall 900 Copayment   | - |
| Other Services  |   |
| Anesthesia for Dental Subject to Deductible and Coinsurance   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Hospice Services Subject to Deductible and Coinsurance  |   |
| Kidney Disease Treatment  See Specific Benefit Category for Applicable Coverage   |   |
| Oral Surgery 100% Coverage  |   |
| 1 Cubinet to Deductible and Coincurrence  |   |
| Skilled Nursing Care Facility  Subject to Deductible and Coinsurance  | , |
| Skilled Nursing Care Facility  Therapy Services  TMJ Benefits  Subject to Deductible and Coinsurance   |   |



## **HMO Benefit Overview**

#### BEAVER DAM UNIFIED SCHOOL DISTRICT HMO1-2

| Annual Deductible  | \$2,000/\$4,000 (Single/Family)                       |
|--|---|
| Coinsurance  | 0% Coinsurance  |
| Annual Maximum Out of Pocket   | \$2,000/\$4,000 (Single/Family)                       |
| Lifetime Maximum   | Unlimited   |
| Annual Maximum for Essential Benefits  | Unlimited   |
| Preventive Services  | Unlimited   |
| Dependent Age  | 26/26   |
| - No. of the second sec |   |
| Physician Services   | Subject to Deductible and Coinsurance                 |
| Office Visit   | Subject to Deductible and Coinsurance                 |
| Chiropractor Visits  | Subject to Deductible and Coinsurance                 |
| Hearing Examination  | Subject to Deductible and Coinsurance                 |
| Podiatry Services  | Subject to Deductible and Coinsurance                 |
| Vision Services  | Subject to Deductible and Coinsurance                 |
| Weight Loss/Nutritional Counseling   | Subject to Deductible and Comsulance                  |
| Hospital Services  |   |
| General Inpatient  | Subject to Deductible and Coinsurance                 |
| Delivery & Newborn Charges   | Subject to Deductible and Coinsurance                 |
| Outpatient Services  | Subject to Deductible and Coinsurance                 |
| Outpatient dervices  | 002)00(10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2       |
| Emergency Services   |   |
| Emergency Room   | Subject to Deductible and Coinsurance                 |
| Urgent Care  | Subject to Deductible and Coinsurance                 |
| Ambulance  | Subject to Deductible and Coinsurance                 |
|  |   |
| Pharmacy Benefits  | Subject to Deductible and Coinsurance                 |
| Tier 1/Tier 2/Tier 3   | Subject to Deductible and Comsulance                  |
| Max Out-of-Pocket (Single/Family)  | Subject to Medical Max Out-of-Pocket                  |
|  |   |
| Behavioral Health  | C. Li. A. D. dustible and Coincurence                 |
| Inpatient  | Subject to Deductible and Coinsurance                 |
| Transitional   | Subject to Deductible and Coinsurance                 |
| Outpatient   | S. I I. D. I I'll a and Colorana                      |
| Psychiatrist or Psychologist   | Subject to Deductible and Coinsurance                 |
| Other Mental Health Professional   | Subject to Deductible and Coinsurance                 |
| Diagnostic Sonvices  |   |
| Diagnostic Services  Lab   | Subject to Deductible and Coinsurance                 |
| X-Ray  | Subject to Deductible and Coinsurance                 |
| MRI/MRA Scan   | Subject to Deductible and Coinsurance                 |
| PET Scan   | Subject to Deductible and Coinsurance                 |
| CAT Scan   | Subject to Deductible and Coinsurance                 |
|  |   |
| Other Services   |   |
| Anesthesia for Dental  | Subject to Deductible and Coinsurance                 |
| Autism Spectrum Disorder   | See Specific Benefit Category for Applicable Coverage |
| Durable Medical Equipment  | Subject to Deductible and Coinsurance                 |
| Home Health Care Services  | Subject to Deductible and Coinsurance                 |
| Hospice Services   | Subject to Deductible and Coinsurance                 |
| Kidney Disease Treatment   | See Specific Benefit Category for Applicable Coverage |
| Oral Surgery   | Subject to Deductible and Coinsurance                 |
| Skilled Nursing Care Facility  | Subject to Deductible and Coinsurance                 |
| Therapy Services   | Subject to Deductible and Coinsurance                 |
| TMJ Benefits   | Subject to Deductible and Coinsurance                 |



## POS Benefit Overview

#### BEAVER DAM UNIFIED SCHOOL DISTRICT POS1-1

|  |  | Out-of-Network                          |
|--|--|---|
| I I I I I I I I I I I I I I I I I I I  | In-Network   | \$2,500/\$5,000 (Single/Family)         |
| Annual Deductible  | \$1,250/\$2,500 (Single/Family)  | 10% Coinsurance                         |
| Coinsurance  | 0% Coinsurance   | \$5,000/\$10,000 (Single/Family)        |
| Annual Maximum Out of Pocket   | \$2,500/\$5,000 (Single/Family)  | 5 C S S S S S S S S S S S S S S S S S S |
| Lifetime Maximum   | Unlimited  | Unlimited                               |
| Annual Maximum for Essential Benefits  | Unlimited  | Unlimited                               |
| Preventive Services  | Unlimited  | Subject to Deductible and Coinsurance   |
| Dependent Age  | 26/26  | 26/26                                   |
|  |  |   |
| Physician Services   | \$0 Copayment for children to age 26   |   |
| Office Visit   | \$30 Copayment   | Subject to Deductible and Coinsurance   |
| Chiropractor Visits  | \$30 Copayment   | Subject to Deductible and Coinsurance   |
| Hearing Examination  | \$30 Copayment   | No Benefit                              |
| Podiatry Services  | \$30 Copayment   | Subject to Deductible and Coinsurance   |
| Vision Services  | \$30 Copayment   | Subject to Deductible and Coinsurance   |
| Weight Loss/Nutritional Counseling   | \$30 Copayment   | No Benefit                              |
|  |  |   |
| Hospital Services  |  |   |
| General Inpatient  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| Delivery & Newborn Charges   | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| Outpatient Services  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
|  |  |   |
| Emergency Services   | 0.405.0  | #405 Canadant                           |
| Emergency Room   | \$125 Copayment  | \$125 Copayment                         |
| Urgent Care  | \$60 Copayment   | Subject to Deductible and Coinsurance   |
| Ambulance  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| and the second s |  |   |
| Pharmacy Benefits  | 000 10 10 10 10 10 10 10 10 10 10 10 10  | #20/#40/#60/#400 C=== Div C===i         |
| Tier 1/Tier 2/Tier 3   | \$20/\$40/\$60/\$100 Spec Rx Copay   | \$20/\$40/\$60/\$100 Spec Rx Copay      |
| Value Tier   | \$5 Rx Outcomes  | \$5 Rx Outcomes                         |
| Max Out-of-Pocket (Single/Family)  | \$2,000/\$4,000  | \$2,000/\$4,000                         |
| Dalla da da la   |  |   |
| Behavioral Health  | Outlines to Deductible and Coinguisance  | Subject to Deductible and Coinsurance   |
| Inpatient  | Subject to Deductible and Coinsurance  |   |
| Transitional   | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| Outpatient   |  |   |
| Psychiatrist or Psychologist   | \$30 Copayment   | Subject to Deductible and Coinsurance   |
| Other Mental Health Professional   | \$30 Copayment   | Subject to Deductible and Coinsurance   |
| The second secon |  |   |
| Diagnostic Services  | Cubinet to Deductible and Colonica   | Subject to Deductible and Coincurence   |
| Lab  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| X-Ray  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| MRI/MRA Scan   | \$50 Copayment   | Subject to Deductible and Coinsurance   |
| PET Scan   | \$50 Copayment   | Subject to Deductible and Coinsurance   |
| CAT Scan   | \$50 Copayment   | Subject to Deductible and Coinsurance   |
|  |  |   |
| Other Services   |  | Cubicat to Doductible and Cainavas      |
| Anesthesia for Dental  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| Autism Spectrum Disorder   |  | ory for Applicable Coverage             |
| Durable Medical Equipment  | 20% Coinsurance  | 20% Coinsurance                         |
| Home Health Care Services  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| Hospice Services   | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| Kidney Disease Treatment   |  | ory for Applicable Coverage             |
| Oral Surgery   | 100% Coverage  | 10% Coinsurance                         |
| Skilled Nursing Care Facility  | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| Therapy Services   | Subject to Deductible and Coinsurance  | Subject to Deductible and Coinsurance   |
| TMJ Benefits   | \$30 Copayment   | Subject to Deductible and Coinsurance   |
|  | AND THE PROPERTY AND THE PROPERTY OF THE PROPE |   |



## POS Benefit Overview

# BEAVER DAM UNIFIED SCHOOL DISTRICT POS1-2

|  | PO                                    | 81-2                                   |
|--|---------------------------------------|--|
|  | In-Network                            | Out-of-Network                         |
| Annual Deductible  | \$2,000/\$4,000 (Single/Family)       | \$4,000/\$8,000 (Single/Family)        |
| Coinsurance  | 0% Coinsurance                        | 20% Coinsurance                        |
| Annual Maximum Out of Pocket   | \$2,000/\$4,000 (Single/Family)       | \$5,000/\$10,000 (Single/Family)       |
| Lifetime Maximum   | Unlimited                             | Unlimited                              |
| Annual Maximum for Essential Benefits  | Unlimited                             | Unlimited                              |
| Preventive Services  | Unlimited                             | Subject to Deductible and Coinsurance  |
| POLICE TO A CONTROL OF THE CONTROL O | 26/26                                 | 26/26                                  |
| Dependent Age  | 20/20                                 | 20/20                                  |
| Dhysisian Candaga  |                                       |  |
| Physician Services Office Visit  | Subject to Deductible and Coincurance | Subject to Deductible and Coinsurance  |
|  | Subject to Deductible and Coinsurance |  |
| Chiropractor Visits  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Hearing Examination  | Subject to Deductible and Coinsurance | No Benefit                             |
| Podiatry Services  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Vision Services  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Weight Loss/Nutritional Counseling   | Subject to Deductible and Coinsurance | No Benefit                             |
|  |                                       |  |
| Hospital Services  |                                       |  |
| General Inpatient  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Delivery & Newborn Charges   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Outpatient Services  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
|  |                                       |  |
| Emergency Services   |                                       |  |
| Emergency Room   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Urgent Care  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Ambulance  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
|  |                                       | · · ·                                  |
| Pharmacy Benefits  |                                       |  |
| Tier 1/Tier 2/Tier 3   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| 1101 11 1101 21 1101 0   |                                       |  |
| Max Out-of-Pocket (Single/Family)  | Subject to Medical Max Out-of-Pocket  | Subject to Medical Max Out-of-Pocket   |
| max e at et r estat (emgler allm)  |                                       |  |
| Behavioral Health  |                                       |  |
| Inpatient  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Transitional   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Outpatient   | Cabjeet to Beaucible and Comodiance   | Cabjeet to Deductible and Community    |
|  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Psychiatrist or Psychologist Other Mental Health Professional  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Other Mental Health Professional   | Subject to Deductible and Coinsurance | Subject to Deductible and Collisurance |
| Diametric Commission   |                                       |  |
| Diagnostic Services  | Subject to Deductible and Coincurre   | Subject to Deductible and Coincures    |
| Lab  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| X-Ray  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| MRI/MRA Scan   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| PET Scan   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| CAT Scan   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
|  |                                       |  |
| Other Services   |                                       |  |
| Anesthesia for Dental  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Autism Spectrum Disorder   |                                       | ory for Applicable Coverage            |
| Durable Medical Equipment  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Home Health Care Services  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Hospice Services   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Kidney Disease Treatment   |                                       | gory for Applicable Coverage           |
| Oral Surgery   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Skilled Nursing Care Facility  | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| Therapy Services   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| TMJ Benefits   | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance  |
| TIVIJ Deffellis  | Subject to Deductible and Comsurance  | Subject to Deductible and Comsulance   |