

HMO Benefit Overview

CESA #3 INSURANCE PURCHASING COOPERATIVE HMO1-2

Annual Deductible	\$2,000/\$4,000 (Single/Family)	
Coinsurance	0% Coinsurance	
Annual Maximum Out of Pocket	\$3,000/\$6,000 (Single/Family)	
Lifetime Maximum	Unlimited	
Annual Maximum for Essential Benefits	Unlimited	
Preventive Services	Unlimited	
Dependent Age	26/26	
Physician Services		
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 Coinsurance	
Hospital Services		
General Inpatient	Subject to Deductible and Coinsurance	
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	
Outpatient Services	Subject to Deductible and Coinsurance	
Calpation Corrido	Casper to Doddonnio and Comoditation	
Emergency Services		
Emergency Room	\$100 Copayment	
Urgent Care	\$25 Copayment	
Ambulance	Subject to Deductible and Coinsurance	
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	\$5/\$20/\$40 Copay	
Value Tier	\$0 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	oubject to beductible and comparative	
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance	
Other Mental Health Professional	Subject to Deductible and Coinsurance	
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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	
011		
Other Services	Subject to Deductible and Calassians	
Anesthesia for Dental	Subject to Deductible and Coinsurance	
Autism Spectrum Disorder Durable Medical Equipment	See Specific Benefit Category for Applicable Coverage Subject to Deductible and Coinsurance	
Home Health Care Services		
Home Health Care Services Hospice Services	Subject to Deductible and Coinsurance	
Kidney Disease Treatment	Subject to Deductible and Coinsurance See Specific Benefit Category for Applicable Coverage	
Oral Surgery	100% Coverage	
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	
Therapy Services	Subject to Deductible and Coinsurance	
TMJ Benefits	Subject to Deductible and Coinsurance	
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This Benefits Summary is intended to highlight the benefits provided in the Unity Health Plans HMO policy. All benefits are subject to the terms of the policy. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.



POS Benefit Overview

CESA #3 INSURANCE PURCHASING COOPERATIVE POS2-1

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	In-Network	Out-of-Network	
Annual Deductible	\$2,000/\$4,000 (Single/Family)	\$2,000/\$4,000 (Single/Family)	
Coinsurance	0% Coinsurance	20% Coinsurance	
Annual Maximum Out of Pocket	\$3,000/\$6,000 (Single/Family)	\$6,000/\$12,000 (Single/Family)	
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			
Office Visit	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	
Weight 2033/Withtional Couriscing	Cubject to Deductible and Computance	140 Bellent	
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	\$400 O	\$400 O	
Emergency Room	\$100 Copayment	\$100 Copayment	
Urgent Care	\$25 Copayment	Subject to Deductible and Coinsurance	
Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	
Pharmacy Benefits		1	
Tier 1/Tier 2/Tier 3	\$5/\$20/\$40 Copay	\$5/\$20/\$40 Copay	
Value Tier	\$0 Rx Outcomes	\$0 Rx Outcomes	
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000	
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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			
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	
Other Mental Health Professional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	
Diagnostic Sonvices	<u></u>		
Diagnostic Services 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	
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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	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	See Specific Benefit Category for Applicable Coverage		
Oral Surgery	100% Coverage	20% 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	
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