

Medical	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible*</b>						
Per Covered Person	\$500	\$3,000	\$650	\$3,000	\$1,600	\$3,000
Per Family	\$1,000	\$6,000	\$1,300	\$6,000	\$3,200	\$6,000

<b>Specialist Office Visit</b>	<b>\$20</b>	<b>60%*</b>	<b>\$30</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>
<b>Urgent Care</b>	<b>\$75</b>	<b>60%*</b>	<b>\$75</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>
<b>Emergency Room (Professional)</b>						
<b>Emergency Room (Facility Charge)</b>						
<b>Hospital Care</b>						
<b>Inpatient Services</b>	<b>90%*</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>
<b>Outpatient Services</b>	<b>90%*</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>	<b>60%*</b>
<b>Diagnostic, X-ray &amp; Lab Charges</b>	<b>90%*</b>	<b>60%*</b>	<b>80%*</b>	<b>60%*</b>	<b>80%*</b>	<b>60%*</b>

**Preventive Drug List**

**Prescription Drugs**

- Generic Tier 1/Tier 2
- Brand Tier 3/ Tier 4
- Specialty Drugs

**Hearing - Testing**

Hearing - Office Visits / hearing aids  
(Max-\$2,500/2 benefit year periods)

**Preventive Services**

