Healthy*100* 5000

Lifestyle HEALTH PLANS
A World of Wellness

PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	$5,000 Single / $10,000 Family	$10,000 Single / $20,000 Family
LIFESTYLE DEDUCTIBLE (Reduced Deductible based on wellness points earned)	$500 Single / $1,000 Family	$500 Single / $1,000 Family
CO-INSURANCE	0%	50%
CO-INSURANCE MAXIMUM	No Co-insurance Responsibility	$2,500 Single / $5,000 Family
OUT-OF-POCKET LIMIT (Deductible + Co-Insurance Max) (OOP Limit does not include copays and Rx copays)	$5,000 Single / $10,000 Family	$12,500 Single / $25,000 Family
ACA MAXIMUM OUT-OF-POCKET	$7,900 Single / $15,800 Family	Unlimited
PREVENTIVE SERVICES	100%	100%
PHYSICIAN SERVICES - Primary Care Office Visit - Specialist Office Visit - Physician & Surgeon Professional Services - Anesthesia Services (Physician / CRNA)	 $5 Copay, then 100% to $150 per visit [1] $50 Copay, then 100% to $150 per visit [2] Deductible / Co-insurance Deductible / Co-insurance	 Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance
TELEPHONIC PHYSICIAN CONSULTATIONS	$0 Copay	$0 Copay
OUTPATIENT LAB	100% if preferred vendor, otherwise Deductible / Co-insurance	Deductible / Co-insurance
OUTPATIENT RADIOLOGY AND IMAGING - Physician Office / Freestanding Imaging Ctr. - Hospital Outpatient	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging Deductible / Co-insurance $500 Copay, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imagin Deductible / Co-insurance $500 Copay, then Deductible / Co-insurance
DIABETIC SUPPLIES	100% if preferred vendor, otherwise 50% cost through Rx Benefit	Deductible / Co-insurance
ALLERGY TREATMENT	$25 Copay, then 100% to $100 per visit	Deductible / Co-insurance
OUTPATIENT REHAB & THERAPY	Deductible / Co-insurance	Deductible / Co-insurance
CHIROPRACTIC SERVICES	Deductible / Co-insurance	Deductible / Co-insurance
EMERGENCY SERVICES - Hospital ER (Facility Charge Only) - Urgent Care / ER Professional Services - Ambulance - Air Ambulance	Copay waived if admitted $250 Copay, then Deductible / Co-insurance $50 Copay, then 100% to $500 per visit, then Deductible / Co-insurance Deductible / Co-insurance $2,500 Copay, then Deductible / Co-insurance	Copay waived if admitted $250 Copay, then Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance $2,500 Copay, then Deductible / Co-insurance
OUTPATIENT SURGICAL PROCEDURES - Physician Office / Freestanding Surgery Ctr. - Hospital Outpatient - Implant Device	Pre-certification required prior to scheduling Deductible / Co-insurance $1,000 Copay per visit, then Deductible / Co-insurance Deductible / Co-insurance [3]	Pre-certification required prior to scheduling Deductible / Co-insurance $1,000 Copay per visit, then Deductible / Co-insurance Deductible / Co-insurance [3]
INPATIENT HOSPITALIZATION - Medical Facility Services - Anesthesiologist & Surgeon Fees	 $500 Copay, then Deductible / Co-insurance[4] Deductible / Co-insurance	 $500 Copay, then Deductible / Co-insurance[4] Deductible / Co-insurance
INPATIENT SURGICAL PROCEDURES - Implant Device	Deductible / Co-insurance Deductible / Co-insurance [3]	Deductible / Co-insurance Deductible / Co-insurance [3]
HOME HEALTH, SKILLED NURSING & HOSPICE CARE	Deductible / Co-insurance	Deductible / Co-insurance
MENTAL HEALTH & SUBSTANCE ABUSE	Deductible / Co-insurance	Deductible / Co-insurance
DURABLE MEDICAL EQUIPMENT	Deductible / Co-insurance	Deductible / Co-insurance
PRESCRIPTION DRUG BENEFITS - Generic - Brand / Non-Preferred Brand / Specialty - International Mail Order - Brand	Refer to Preferred Formulary & SPD for details $1 Copay / $15 Copay $50 Copay / $80 Copay / 50% [5] $0 Copay if preferred vendor [6]	 Not Covered Not Covered Not Covered

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IMPORTANT NOTES:

[1] $30 Copay, then 100% to $250 per visit for all services provided during visit except lab services, then Deductible / Co-insurance

[2] $50 Copay, then 100% to $250 per visit for all services provided during visit except lab services, then Deductible / Co-insurance

[3] Deductible / Co-insurance (Benefit Max of 200% of manufacturer invoice. See Summary Plan Document for additional details.)

[4] $500 Copay per confinement. All non-emergency confinements must be pre-certified and emergency confinements must be reported within 48 hours of when confinement begins

[5] Subject to Step Therapy methodology - refer to Preferred Formulary for details

[6] Participation in Mail Order Program is voluntary

This outline is intended as a brief overview of the actual plan and representative benefit levels. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non coverage of services. Please refer to your Summary Plan Document (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request a SPD from Lifestyle Health Plans or your sales representative. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non coverage of services.