

# Bronze Be Savvy\*

This plan puts you in the financial driver's seat. You're kind of a numbers nut. You expect the same lovely logic from your health plan. You'll get more by paying with pretax dollars and having the freedom to manage the numbers yourself.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$5,250	\$10,500
Deductible per family	\$10,500	\$21,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	40%	50%
Specialist office visit	40%	50%
Urgent care visit	40%	50%
Inpatient care (includes maternity)	40%	50%
Outpatient care	40%	50%
Outpatient diagnostic X-ray & lab	40%	50%
Outpatient mental health/ chemical dependency	40%	50%
Emergency room	40%	40%
Ambulance	40%	40%
Physical, speech or occupational therapy	40%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs</b>		
Value	\$2	\$2
Select generic	50%	50%
Preferred	50%	50%
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>1</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> See glossary of terms for more about this benefit

\*This plan is compatible with a health savings account.