

Gold > Be Protected

With health coverage like this, worry is a world away. You want healthcare with plenty of bells and whistles. This plan covers you from your head to your toes. Enjoy our lowest copays and deductibles for primary and specialty care.

| | In-network, you pay | Out-of-network, you pay |
|--|--|-------------------------|
| Calendar year costs | | |
| Deductible per person | \$750 | \$1,500 |
| Deductible per family | \$1,500 | \$3,000 |
| Out-of-pocket max per person | \$4,750 | \$9,500 |
| Out-of-pocket max per family | \$9,500 | \$19,000 |
| Care & services | | |
| Primary care physician (PCP) office visit | \$15/visit ¹ | 50% |
| Specialist office visit | \$15/visit ¹ | 50% |
| Urgent care visit | \$15/visit ¹ | 50% |
| Inpatient care (includes maternity) | 15% | 50% |
| Outpatient care | 15% | 50% |
| Outpatient diagnostic X-ray & lab | 15% | 50% |
| Outpatient mental health/ chemical dependency | 15% | 50% |
| Emergency room | 15% | 15% |
| Ambulance | 15% | 15% |
| Physical, speech or occupational therapy | \$15/visit ¹ | 50% |
| Alternative care visit ² | \$15/visit ¹ | 50% |
| Accident benefit | No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury. | |
| Prescription drugs¹ | | |
| Value | \$2 | \$2 |
| Select generic | \$10 | \$10 |
| Preferred | 50% | 50% |
| Brand | 50% | 50% |
| Features | | |
| Provider network | ODS Plus Network | |
| Travel network | Healthy Directions | |
| Preventive care ¹ | In-network, you pay 0% for eligible preventive care | |
| Embedded pediatric dental ³ | 15% in-network and 50% out-of-network; up to age 19 | |
| Embedded pediatric vision ³ | Pediatric vision care is covered for members up to age 19. | |

¹ Deductible waived

² Covers chiropractic, naturopathic and acupuncture care

³ See glossary of terms for more about this benefit