### What's not covered?

- services not medically necessary;
- any treatment of substance abuse or mental illness, including serious mental illness;
- services or supplies that are experimental or investigative, except routine costs associated with qualifying clinical trials;
- hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices;
- assisted fertilization techniques, such as in vitro fertilization, GIFT, and ZIFT;
- reversal of voluntary sterilization;
- alternative therapies, such as acupuncture;
- dental care, including dental implants or dentures, and nonsurgical treatment of temporomandibular joint syndrome (TMJ);
- treatment of obesity, except for surgical treatment of morbid obesity when medically necessary;
- routine foot care, except for medically necessary treatment of peripheral vascular disease and/or peripheral neuropathy disease including, but not limited to, diabetes;
- foot orthotics, except for orthotics and pedicure supplies required for the prevention of complications associated with diabetes;
- routine physical exams for nonpreventive purposes, such as insurance or employment applications, college, or premarital examinations;
- contraceptive devices;
- maternity;
- routine eye care;
- immunizations for travel or employment;
- services or supplies payable under workers’ compensation, motor vehicle insurance, or other legislation of similar purpose;
- cosmetic services/supplies;
- private duty nursing;

Self-injectable drugs are excluded under medical programs. However, they are covered under the prescription drug benefit.

### Benefits per calendar year

<table>
<thead>
<tr>
<th>Benefits per calendar year</th>
<th>Personal Choice PPO 5000 HSA</th>
<th>Personal Choice PPO 3000 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deduction, individual/family</td>
<td>$5,000/$10,000</td>
<td>$10,000/$20,000</td>
</tr>
<tr>
<td>Coinsurance, after deductible</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Out-of-pocket maximum, individual/family</td>
<td>$5,000/$10,000</td>
<td>$20,000/$40,000</td>
</tr>
<tr>
<td></td>
<td>Includes deductible and coinsurance</td>
<td>Includes deductible and coinsurance</td>
</tr>
<tr>
<td></td>
<td>$10,000/$20,000</td>
<td>$10,000/$20,000</td>
</tr>
<tr>
<td></td>
<td>Includes deductible and coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventive services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram</td>
<td>$0, no deductible</td>
<td>$0, no deductible</td>
</tr>
<tr>
<td></td>
<td>50%, no deductible</td>
<td>50%, no deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, no deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care office visit</td>
<td>$0, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>$0, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine eye care</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Spinal manipulations (20 visits per year)</td>
<td>$0, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>Physical/occupational therapy (20 visits per year)</td>
<td>50%, after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital/other medical services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital services/days</td>
<td>$0, after deductible</td>
<td>20%, after deductible/ unlimited days</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible/ unlimited days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50%, after deductible/ unlimited days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70 days</td>
<td>70 days</td>
</tr>
<tr>
<td>Maternity hospitalization</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Emergency room (not waived if admitted)</td>
<td>$0, after deductible</td>
<td>20%, after in-network deductible</td>
</tr>
<tr>
<td></td>
<td>$0, after in-network deductible</td>
<td>20%, after in-network deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after in-network deductible</td>
<td>20%, after in-network deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>$0, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Available</td>
<td>Available</td>
</tr>
<tr>
<td>Outpatient lab/pathology</td>
<td>$0, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Routine radiology/diagnostic</td>
<td>$0, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>MINIUS, CT/CA scan, PET scan</td>
<td>$0, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Biotech/specialty injectables</td>
<td>$0, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>$0, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>20%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Mental health/substance abuse/serious mental illness treatment</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Prescription drug

<table>
<thead>
<tr>
<th>Prescription drug</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription deductible, individual/family</td>
<td>Integrated with medical</td>
<td>Integrated with medical</td>
</tr>
<tr>
<td></td>
<td>Integrated with medical</td>
<td>Integrated with medical</td>
</tr>
<tr>
<td>Generic formulary copay</td>
<td>$0, after deductible</td>
<td>$10, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Brand formulary copay</td>
<td>$0, after deductible</td>
<td>$10, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Non-formulary copay</td>
<td>$0, after deductible</td>
<td>$10, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td></td>
<td>50%, after deductible</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td>Prescription mail order</td>
<td>Not available</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Available</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Maximum prescription drug benefit, individual/family</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### NOTE:
Dependent children are generally covered to age 26. See contract for additional details.