

<u>Northwest-Washington</u>	
Annual Deductible	
Individual / Family	Not Applicable
Maximum Out-Of-Pocket	
Individual / Family	\$2,500 Individual / \$5,000 Family (Embedded)
Maximum Lifetime Benefit	Unlimited
Grandfathered Status	Non-Grandfathered
Hospital Inpatient	
Services rendered while hospitalized	\$500 per admission
Maternity Inpatient	\$500 per admission
Outpatient	
Primary Care	\$25 per visit
Urgent Care	\$35 per visit
Specialist	\$35 per visit
Well-child & Preventive Care visits	No Charge
Routine prenatal care	No Charge
Outpatient surgery	\$250 per procedure
Therapies (PT/OT/ST)	\$35 per visit limited to 20 visits per therapy per accumulation period
X-rays and Lab tests	X-ray \$10 per encounter; Lab \$10 per encounter
Advanced Imaging (CT / MRI / PET)	\$100 per encounter
Ambulance services	\$125 per trip
Emergency department visits	\$200 per visit waived if admitted
Outpatient Prescription Drugs	
Generic Drugs	\$15 Copay Retail, \$30 Copay Mail Order
Brand Drugs	\$35 Copay Retail, \$70 Copay Mail Order
Non-preferred Brand Drugs	\$70 Copay Retail, \$140 Copay Mail Order
Specialty Drugs	20% Coinsurance up to a maximum of \$250
Pharmacy Deductible	This Plan does not have a drug deductible
Days Supply	Retail Plan Pharmacy: up to a 30-day supply, Mail Order Plan Pharmacy: up to a 90-day supply
Mental Health Services	
Inpatient psychiatric care	\$500 per admission
Outpatient individual therapy visits	\$25 per visit
Outpatient group therapy visits	\$12 per visit
Substance Use Services	
Inpatient detoxification	\$500 per admission
Outpatient individual therapy visits	\$25 per visit
Outpatient group therapy visits	\$12 per visit
Infertility Services	
Covered services related to the diagnosis and treatment of infertility	50% Coinsurance
Additional Benefits	
Durable Medical Equipment	20% Coinsurance
Skilled Nursing Facility	\$500 per admission limited to 100 days per benefit period
Home Health	No Charge limited to 130 visits per accumulation period
Hospice Care	No Charge
Vision Exam	\$25 per visit
Riders	
Vision Hardware	Not Included
Hearing aids	\$1000 allowance / 1 device per ear / every 36 months and Pediatric (OR only) 20% coinsurance/ 1 device per ear / every 36 months
Chiropractic	\$25 per visit / 20 visit limit per accumulation period
Acupuncture	\$25 per visit / 20 visit limit per accumulation period
Bariatric surgery	\$500 per admission
Dental	Not Included