

Individuals and Families Plans

\$1,500 Deductible Plan

Features	Member pays
Medical calendar year deductible (individual/family)	\$1,500 / \$3,000
Pharmacy calendar year deductible	\$250 for brand-name drugs
Annual out-of-pocket maximum (individual/family)	\$3,500 / \$7,000
Lifetime benefit maximum	None
Professional services (plan provider office visits)	
Primary and specialty care visits (includes routine and urgent care appointments)	\$30 per visit after deductible
Well-child visits to age 2	\$30 per visit [†]
Family planning visits	\$30 per visit [†]
Scheduled prenatal care and first postpartum visit	\$30 per visit [†]
Eye exams	\$30 per visit [†]
Hearing tests	\$30 per visit [†]
Chiropractic office visits [‡]	\$15 per visit (up to 20 visits per calendar year)
Physical, occupational, and speech therapy visits	\$30 per visit after deductible
Outpatient services	
Outpatient surgery	\$250 per procedure after deductible
Allergy injection visits	\$5 per visit after deductible
Immunizations	No charge [†]
X-rays and lab tests	\$10 per encounter after deductible
Health education	
Individual visits	\$30 per visit [†]

Group visits No charge

Hospitalization services

Room and board, surgery, anesthesia, X-rays, lab tests, and medications \$500 per day after deductible

Emergency health coverage

Emergency Department visits \$100 per visit after deductible (\$100 copayment is waived if admitted directly to the hospital)

Ambulance services

Emergency ambulance services \$150 per trip after deductible

Prescription drug coverage

Covered items in accord with our drug formulary when obtained at Plan pharmacies Brand-name items and compounded products are subject to a \$250 drug deductible; see "Outpatient Prescription Drugs, Supplies and Supplements" section of the Membership Agreement for details

Generic drugs \$10 up to a 100-day supply

Brand-name \$35 up to a 100-day supply after \$250 drug deductible

Durable medical equipment (DME)

DME used in the home in accord with our DME formulary Not Covered

Mental health services

Inpatient psychiatric care

Inpatient psychiatric care \$500 per day after deductible (up to 10 days per calendar year)

Outpatient visits

Individual visits \$30 per visit after deductible (up to a total of 10 individual/group visits per calendar year)

Group therapy visits \$15 per visit after deductible (up to a total of 10 individual/group visits per calendar year)

Up to 30 additional group therapy visits that meet medical group criteria in the same calendar year

Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the "Benefits, Deductibles, Copayments, and Coinsurance" section of the *Membership Agreement*.

Chemical dependency services

Inpatient detoxification \$500 per day after deductible

Outpatient individual therapy visits \$30 per visit after deductible

Outpatient group therapy visits \$5 per visit after deductible

Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any five-year period) \$100 per admission after deductible

Home health services

Home health care (up to 100 two-hour visits per calendar year) No charge[†]

Other

Skilled nursing facility care \$50 per day after deductible (up to 60 days per benefit period)

Hospice care No charge[†]

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† These preventive care services are not subject to the deductible.

‡ When prescribed by an American Specialty Health Plans (ASH Plans) participating chiropractor and authorized by ASH Plans.

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form*. Detailed information about your plan is included in the *Membership Agreement*, which will be provided to you upon acceptance.

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