



## Signature Network

Benefits	In-Network Providers	Out-of-Network Providers
<b>Deductibles</b>		
Individual	\$500, \$1,000	Not Applicable
Family	\$1,000, \$2,000	Not Applicable
<b>Coinsurance</b>	80%	Not Applicable
<b>Coinsurance Maximums</b>		
Individual	\$1,500, \$3,000	Not Applicable
Family	\$3,000, \$6,000	Not Applicable
<b>Out-of-Pocket Maximums</b>		
Individual	\$2,000, \$4,000	Not Applicable
Family	\$4,000, \$8,000	Not Applicable
<b>Preventive Care</b>	No deductible, coinsurance, or benefit dollar limit	Not Covered
<b>Non-Preventive Office Visits</b>	80% after deductible	Not Covered
<b>Outpatient Lab Services</b>	\$0 Copay	Not Covered
<b>Outpatient Diagnostic Services</b> (other than Labs)	80% after deductible	Not Covered
<b>Inpatient Services</b>	80% after deductible	Not Covered
<b>Emergency and Urgent Care Services</b>	80% after in-network deductible *	
<b>Mental Health &amp; Substance Abuse</b>		
> Inpatient Mental Health	80% after deductible	Not Covered
> Outpatient Mental Health	80% after deductible	Not Covered
> Substance Abuse	80% after deductible	Not Covered
<b>Maternity Services (See available rider below)</b>	Not Covered (Except for pregnancy complications)	
<b>Pharmacy (See available riders below)</b>	Rx Discount Card	Not Covered
<b>Other Services</b>		
> Skilled Nursing (120 days per calendar year)	80% after deductible	Not Covered
> Home Health Care (100 visits per calendar year)	80% after deductible	Not Covered
> Physical, Occupational & Speech Therapy (20 combined visits per calendar year)	80% after deductible	Not Covered
> Durable Medical Equipment	80% after deductible	Not Covered
> Chiropractic Care	Not Covered	Not Covered
<b>Riders</b>	<b>Rider Benefits</b>	
> Prescription Drug Rider - <b>2I</b>	\$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectable (\$150 Maximum copay per script on Specialty Self-Injectable medications)	
> Prescription Drug Rider - <b>8I-1080</b>	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectable (\$200 Maximum copay per script on Specialty Self-Injectable medications)	
> Prescription Drug Rider - <b>4ID1080</b>	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectable (\$200 Maximum copay per script on Specialty Self-Injectable medications) (\$500 deductible formulary brand and self-injectibles)	
> Maternity (subject to a 12 month waiting period)	\$1,000 Facility Deductible (in addition to plan deductible)	
Benefits under this plan are offered on a calendar year basis.		
* Except for Urgent Care and Emergency Care, only services received by an in-network provider is covered by this plan.		

**This is a summary of benefits. For a complete description of covered services, limitations, and exclusions, please refer to the HealthPlus Certificate of Coverage and appropriate Benefit Rider.**