



Signature One (Ages 19-30)		
Benefits	In-Network Providers	Out-of-Network Providers
Deductibles		
Individual	\$1,000, \$2,000	\$2,000, \$4,000
Family	N/A	N/A
Coinsurance	70%	50%
Coinsurance Maximums		
Individual	\$3,000, \$6,000	\$6,000, \$12,000
Family	N/A	N/A
Out-of-Pocket Maximums		
Individual	\$4,000, \$8,000	\$8,000, \$16,000
Family	N/A	N/A
Preventive Care	No deductible, coinsurance, or benefit dollar limit	No deductible, coinsurance, or benefit dollar limit
Non-Preventive Office Visits	Not Covered	Not Covered
Outpatient Lab Services	\$0 Copay	50% after deductible
Outpatient Diagnostic Services (other than Labs)	70% after deductible	50% after deductible
Inpatient Services	70% after deductible	50% after deductible
Emergency and Urgent Care Services	70% after in-network deductible	
Mental Health & Substance Abuse		
> Inpatient Mental Health	70% after deductible	50% after deductible
> Outpatient Mental Health	70% after deductible	50% after deductible
> Substance Abuse	70% after deductible	50% after deductible
Maternity Services	Not Covered (Except for pregnancy complications)	
Pharmacy	Rx Discount Card	Not Covered
Other Services		
> Skilled Nursing (120 days per calendar year)	Not Covered	Not Covered
> Home Health Care (100 visits per calendar year)	70% after deductible	50% after deductible
> Physical, Occupational & Speech Therapy (20 combined visits per calendar year)	70% after deductible	50% after deductible
> Durable Medical Equipment	70% after deductible	50% after deductible
> Chiropractic Care	Not Covered	Not Covered
University Student Clinic Services and Retail Clinics. Retail clinics are located within retail stores, such as grocery stores or drugstores.	Member reimbursed at 70% of allowed charges up to \$1,000 per calendar year	

Benefits under this plan are offered on a calendar year basis.

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.