



### Signature Savings - 80/60 Plan (HSA Compatible)

Benefits	In-Network Providers	Out-of-Network Providers
<b>Deductibles</b>		
Individual	\$1,500, \$2,500	\$3,000, \$5,000
Family	\$3,000, \$5,000	\$6,000, \$10,000
The Family Deductible may be met by any one family member or by any combination of family members. Benefits for Covered Services (with the exception of Preventive Services) will not be paid for any family members until the Family Coverage Deductible is met. If two or more members enroll then the family deductible applies.		
<b>Coinsurance</b>	80%	60%
<b>Coinsurance Maximums</b>		
Individual	\$3,000, \$2,500	\$6,000, \$5,000
Family	\$6,000, \$5,000	\$12,000, \$10,000
<b>Out-of-Pocket Maximums</b>		
Individual	\$4,500, \$5,000	\$9,000, \$10,000
Family	\$9,000, \$10,000	\$18,000, \$20,000
<b>Preventive Care</b>	No deductible, coinsurance, or benefit dollar limit	No deductible, coinsurance, or benefit dollar limit
<b>Non-Preventive Office Visits</b>	80% after deductible	60% after deductible
<b>Outpatient Lab Services</b>	80% after deductible	60% after deductible
<b>Outpatient Diagnostic Services (other than Labs)</b>	80% after deductible	60% after deductible
<b>Inpatient Services</b>	80% after deductible	60% after deductible
<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	60% after deductible
> Outpatient Mental Health	80% after deductible	60% after deductible
> Substance Abuse	80% after deductible	60% after deductible
<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	60% after deductible
> Home Health Care (100 visits per calendar year)	80% after deductible	60% after deductible
> Physical, Occupational & Speech Therapy (20 combined visits per calendar year)	80% after deductible	60% after deductible
> Durable Medical Equipment	80% after deductible	60% after deductible
> Chiropractic Care	Not Covered	Not Covered
<b>Riders</b>	<b>Rider Benefits</b>	
> Prescription Drug Rider - <b>5IH</b>	\$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectable (\$150 Maximum copay per script on Specialty Self-Injectable medications)	
> Prescription Drug Rider - <b>711080H</b>	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectable (\$200 Maximum copay per script on Specialty Self-Injectable medications) <b>**Deductible must be met before prescription drug rider benefits can be used.</b> <b>Prescriptions purchased apply to deductible.</b>	
> 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.

**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.**



## Signature Savings - 70/50 Plan (HSA Compatible)

Benefits	In-Network Providers	Out-of-Network Providers
<b>Deductibles</b>		
Individual	\$1,500, \$2,500	\$3,000, \$5,000
Family	\$3,000, \$5,000	\$6,000, \$10,000
The Family Deductible may be met by any one family member or by any combination of family members. Benefits for Covered Services (with the exception of Preventive Services) will not be paid for any family members until the Family Coverage Deductible is met. If two or more members enroll then the family deductible applies.		
<b>Coinsurance</b>	70%	50%
<b>Coinsurance Maximums</b>		
Individual	\$3,000, \$2,500	\$6,000, \$5,000
Family	\$6,000, \$5,000	\$12,000, \$10,000
<b>Out-of-Pocket Maximums</b>		
Individual	\$4,500, \$5,000	\$9,000, \$10,000
Family	\$9,000, \$10,000	\$18,000, \$20,000
<b>Preventive Care</b>	No deductible, coinsurance, or benefit dollar limit	No deductible, coinsurance, or benefit dollar limit
<b>Non-Preventive Office Visits</b>	70% after deductible	50% after deductible
<b>Outpatient Lab Services</b>	70% after deductible	50% after deductible
<b>Outpatient Diagnostic Services (other than Labs)</b>	70% after deductible	50% after deductible
<b>Inpatient Services</b>	70% after deductible	50% after deductible
<b>Emergency and Urgent Care Services</b>	70% after deductible	
<b>Mental Health &amp; Substance Abuse</b>		
> 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
<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)	70% after deductible	50% after deductible
> Home Health Care (100 visits per calendar year)	70% after deductible	50% after deductible
> Physical, Occupational & Speech Therapy	70% after deductible	50% after deductible
(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
<b>Riders</b>	<b>Rider Benefits</b>	
> Prescription Drug Rider - <b>5IH</b>	\$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectable (\$150 Maximum copay per script on Specialty Self-Injectable medications)	
> Prescription Drug Rider - <b>711080H</b>	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectable (\$200 Maximum copay per script on Specialty Self-Injectable medications)  <b>**Deductible must be met before prescription drug rider benefits can be used.</b> <b>Prescriptions purchased apply to deductible.</b>	
> 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.

**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.**