



Signature Savings - 80/60 Plan		
Benefits	In Network Providers	Out-of-Network Providers
Deductibles (paid by insured)		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance (percent paid by health plan)	80%	60%
Coinsurance Maximums (paid by insured)		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-of-Pocket Maximums (Insured Deductible + Coinsurance Maximum)		
Individual	\$4,500	\$9,000
Family	\$9,000	\$18,000
Lifetime Benefit Maximum	\$5,000,000	
Preventive Care (Age and frequency limits apply)	No deductible, coinsurance or benefit dollar limit	No deductible, coinsurance or benefit dollar limit
Non-Preventive Office Visits	80% after deductible	60% after deductible
Outpatient Services	80% after deductible	60% after deductible
Inpatient Services	80% after deductible	60% after deductible
Emergency and Urgent Care Services	80% after in-network deductible	
Mental Health & Substance Abuse		
> Inpatient Mental Health (30 days per year)	80% after in-network deductible (Each 2 days of Day Treatment shall be counted as 1 day of inpatient confinement)	60% after out-of-network deductible (Each 2 days of Day Treatment shall be counted as 1 day of inpatient confinement)
> Outpatient Mental Health (20 visits per year)	80% after in-network deductible	60% after out-of-network deductible
> Substance Abuse (subject to state mandated levels)	80% after in-network deductible	60% after out-of-network deductible
Maternity Services (see available rider below)	Not Covered	
Pharmacy (see available riders below)	Rx Discount Card	Not covered
Other Services		
> Skilled Nursing (120 days per benefit year)	80% after deductible	60% after deductible
> Home Health Care (100 visits per benefit 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
Riders		
> Prescription Drug Discount Card	Prescription drug discounts are honored at participating pharmacies in Michigan and across the country. Only Prescription drugs that are on the HPI Formulary are discounted. This rider provides access to prescription drugs at a discounted price, but does not provide insurance coverage.	
> Prescription Drug-2500 (\$2500 Calendar Year Benefit Maximum)**	After satisfying the plan deductible, \$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectable (\$150 Maximum copay per script on Specialty Self-Injectable medications)	
> Prescription Drug-5000 (\$5,000 Calendar Year Maximum)**	After satisfying the plan deductible, \$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectable (\$150 Maximum copay per script on Specialty Self-Injectable medications)	
> 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

**After the member reaches their Annual Benefit Maximum for Prescription Drug coverage the member continues to have access to approved prescription drugs at the HealthPlus discounted price at their pharmacy, but the member is responsible for 100% of that discounted price.

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		
Benefits	In Network Providers	Out-of-Network Providers
Deductibles (paid by insured)		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance (percent paid by health plan)	70%	50%
Coinsurance Maximums (paid by insured)		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximums (Insured Deductible + Coinsurance Maximum)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Lifetime Benefit Maximum	\$5,000,000	
Preventive Care (Age and frequency limits apply)	No deductible, coinsurance or benefit dollar limit	No deductible, coinsurance or benefit dollar limit
Non-Preventive Office Visits	70% after deductible	50% after deductible
Outpatient Services	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 (30 days per year)	70% after in-network deductible (Each 2 days of Day Treatment shall be counted as 1 day of inpatient confinement)	50% after out-of-network deductible (Each 2 days of Day Treatment shall be counted as 1 day of inpatient confinement)
> Outpatient Mental Health (20 visits per year)	70% after in-network deductible	50% after out-of-network deductible
> Substance Abuse (subject to state mandated levels)	70% after in-network deductible	50% after out-of-network deductible
Maternity Services (see available rider below)	Not Covered	
Pharmacy (see available riders below)	Rx Discount Card	Not covered
Other Services		
> Skilled Nursing (120 days per benefit year)	70% after deductible	50% after deductible
> Home Health Care (100 visits per benefit 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
Riders		
> Prescription Drug Discount Card	Prescription drug discounts are honored at participating pharmacies in Michigan and across the country. Only Prescription drugs that are on the HPI Formulary are discounted. This rider provides access to prescription drugs at a discounted price, but does not provide insurance coverage.	
> Prescription Drug-2500 (\$2500 Calendar Year Benefit Maximum)**	After satisfying the plan deductible, \$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectable (\$150 Maximum copay per script on Specialty Self-Injectable medications)	
> Prescription Drug-5000 (\$5,000 Calendar Year Maximum)**	After satisfying the plan deductible, \$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectable (\$150 Maximum copay per script on Specialty Self-Injectable medications)	
> 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		
**After the member reaches their Annual Benefit Maximum for Prescription Drug coverage the member continues to have access to approved prescription drugs at the HealthPlus discounted price at their pharmacy, but the member is responsible for 100% of that discounted price.		

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.