



Signature Select - 80/60 Plan (3H)

Benefits	In-Network Providers	Out-of-Network Providers
Deductibles		
Individual	\$1,500, \$2,500, \$5,000	\$3,000, \$5,000, \$10,000
Family	\$3,000, \$5,000, \$10,000	\$6,000, \$10,000, \$20,000
Coinsurance	80%	60%
Coinsurance Maximums		
Individual	\$3,000, \$5,000, \$5,000	\$6,000, \$10,000, \$10,000
Family	\$6,000, \$10,000, \$10,000	\$12,000, \$20,000, \$20,000
Out-of-Pocket Maximums		
Individual	\$4,500, \$7,500, \$10,000	\$9,000, \$15,000, \$20,000
Family	\$9,000, \$15,000, \$20,000	\$18,000, \$30,000, \$40,000
Preventive Care	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 Lab Services	\$0 Copay	60% after deductible
Outpatient Diagnostic Services (other than Labs)	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	80% after deductible	60% after deductible
> Outpatient Mental Health	80% after deductible	60% after deductible
> Substance Abuse	80% after deductible	60% after deductible
Maternity Services (See available rider below)	Not Covered (Except for pregnancy complications)	
Pharmacy (See available riders below)	Rx Discount Card	Not Covered
Other Services		
> 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
Riders	Rider Benefits	
> Prescription Drug Rider - 2I	\$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectables (\$150 Maximum copay per script on Specialty Self-Injectables)	
> Prescription Drug Rider - 8I-1080	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectables (\$200 Maximum copay per script on Specialty Self-Injectables)	
> Prescription Drug Rider - 4ID1080	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectables (\$200 Maximum copay per script on Specialty Self-Injectables) (\$500 deductible formulary brand and Self-Injectables)	
> Office Visit Rider (only available for use with the \$1500 or \$2500 deductible)	\$25 Primary/\$50 Specialist	60% after deductible
> 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 Select - 70/50 Plan (4H)

Benefits	In-Network Providers	Out-of-Network Providers
Deductibles		
Individual	\$1,500, \$2,500, \$5,000	\$3,000, \$5,000, \$10,000
Family	\$3,000, \$5,000, \$10,000	\$6,000, \$10,000, \$20,000
Coinsurance	70%	50%
Coinsurance Maximums		
Individual	\$3,000, \$5,000, \$5,000	\$6,000, \$10,000, \$10,000
Family	\$6,000, \$10,000, \$10,000	\$12,000, \$20,000, \$20,000
Out-of-Pocket Maximums		
Individual	\$4,500, \$7,500, \$10,000	\$9,000, \$15,000, \$20,000
Family	\$9,000, \$15,000, \$20,000	\$18,000, \$30,000, \$40,000
Preventive Care	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 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 (See available rider below)	Not Covered (Except for pregnancy complications)	
Pharmacy (See available riders below)	Rx Discount Card	Not Covered
Other Services		
> 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 (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	Rider Benefits	
> Prescription Drug Rider - 2I	\$10 Generic/\$40 Branded Formulary/25% Specialty Self-Injectables (\$150 Maximum copay per script on Specialty Self-Injectables)	
> Prescription Drug Rider - 8I-1080	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectables (\$200 Maximum copay per script on Specialty Self-Injectables)	
> Prescription Drug Rider - 4ID1080	\$10 Generic/\$80 Branded Formulary/25% Specialty Self-Injectables (\$200 Maximum copay per script on Specialty Self-Injectables) (\$500 deductible formulary brand and Self-Injectables)	
> Office Visit Rider (only available for use with the \$1500 or \$2500 deductible)	\$25 Primary/\$50 Specialist	50% after deductible
> 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.