

\$100/\$200 IN-NETWORK DEDUCTIBLE/90% CO-INSURANCE

An in-network deductible means the participant will pay the first \$100 of services per individual, up to a total of \$200 per family. The following are examples of services that the deductible **will** apply to:

Diagnostic Tests/X-Rays
Lab Tests
Inpatient Hospital Care/Surgeries

The following are services that the deductible **does not** apply, but regular scheduled co-pays **will** apply:

Office Visits
Mental Health Visits
Emergency Room Visits
Urgent Care Visits
Preventive Care Services

Once a participant reaches their \$100 individual deductible, any other services will be covered as indicated in the schedule of benefits. The remaining family members will continue to have the deductible applied to their services until the \$200 family maximum has been met.

The deductible year runs from January through December. Any portion of the deductible that is paid the last quarter of the year (October-December) will transfer over to your deductible for the next calendar year.

A 90% co-insurance applies once the deductible has been met. When you receive services that do not have a co-pay attached such as x-rays, lab-work, surgeries, etc. you will pay 10% of these services up to a maximum of \$500 per individual and \$1000 family.