

	BLUE SHIELD - HDHP (High Deductible Health Plan)	
	IN-NETWORK	OUT-OF-NETWORK
PLAN BENEFITS		
DEDUCTIBLE Individual/Family	\$1,500 Individual/\$3,000 Family (Combined)	
PLAN LIFETIME MAXIMUM	Unlimited	
Out-OF-POCKET MAXIMUM Individual/Family	\$4,500 / \$9,000 (Combined)	
OFFICE VISITS	20% - Physician 20% - Specialist	40% - Physician 40% - Specialist
PRESCRIPTION DRUG (Administered by Blue Shield)	20% Generic 20% Preferred Brand 20% Non-Preferred Brand (30-day supply)	40% Generic 40% Preferred Brand 40% Non-Preferred Brand (30-day supply)
PRESCRIPTION DRUG - MAIL ORDER (Administered by Blue Shield)	20% Generic 20% Preferred Brand 20% Non-Preferred Brand (90-day supply)	40% Generic 40% Preferred Brand 40% Non-Preferred Brand (90-day supply)
EMERGENCY SERVICES	20% (waived if admitted)	20% (waived if admitted)
CHIROPRACTIC	20%	40%
	(up to 20 visits per calendar year)	
ACUPUNCTURE	20%	20%
	(up to 12 visits per calendar year)	
PREVENTIVE CARE	No Charge	40%
OUTPATIENT LAB & X-RAY	No Charge	40%
HOSPITAL SERVICES Inpatient	20%	40%
Outpatient	20%	40%
SUBSTANCE ABUSE PROGRAM Inpatient	20%	40%
Outpatient	20%	40%
MENTAL HEALTH Inpatient	20%	40%
Outpatient	20%	40%

The information in this summary is not intended to take the place of, or change the official Plan Documents or Evidence of Coverage. In the event that the information in this brochure differs from the Plan Document, the Plan Document shall prevail.