## Benefits per contract year

<table>
<thead>
<tr>
<th>Benefits</th>
<th>PPO PLUS BB HSA</th>
<th>PPO PLUS 9B HSA</th>
<th>PPO Plus 10B HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible, (individual/family)</td>
<td>$3,000/$6,000</td>
<td>$3,000/$6,000</td>
<td>$4,000/$8,000</td>
</tr>
<tr>
<td>coinsurance</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Out-of-pocket maximum, (individual/family) includes deductibles, copays, and coinsurance</td>
<td>$6,550/$13,100</td>
<td>$6,550/$13,100</td>
<td>$6,550/$13,100</td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Preventive services

- Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization)
  - PPO Plus 8B HSA: $0
  - PPO Plus 9B HSA: $0
  - PPO Plus 10B HSA: $0

- Nutrition counseling (6 visits per contract year)
  - PPO Plus 8B HSA: $0
  - PPO Plus 9B HSA: $0
  - PPO Plus 10B HSA: $0

### Physician services

- Primary care office visit
  - PPO Plus 8B HSA: $30
  - PPO Plus 9B HSA: $40
  - PPO Plus 10B HSA: $40

- Specialist office visit
  - PPO Plus 8B HSA: $50
  - PPO Plus 9B HSA: $60
  - PPO Plus 10B HSA: $60

- Spinal manipulations (20 visits per contract year)
  - PPO Plus 8B HSA: $50
  - PPO Plus 9B HSA: $60
  - PPO Plus 10B HSA: $60

- Physical/occupational therapy (30 visits per contract year)
  - PPO Plus 8B HSA: $50
  - PPO Plus 9B HSA: $60
  - PPO Plus 10B HSA: $60

### Hospital/other medical services

#### In-network

- Inpatient hospital services/days
  - PPO Plus 8B HSA: $500/day, after ded
  - PPO Plus 9B HSA: $500/day, after ded
  - PPO Plus 10B HSA: $500/day, after ded

#### Out-of-network

- Inpatient hospital services/days
  - PPO Plus 8B HSA: $500/day, after ded
  - PPO Plus 9B HSA: $500/day, after ded
  - PPO Plus 10B HSA: $500/day, after ded

### Prescription drug

#### Prescription deductible, individual/family

- Integrated with medical

<table>
<thead>
<tr>
<th>Formulary</th>
<th>PPO Plus 8B HSA</th>
<th>PPO Plus 9B HSA</th>
<th>PPO Plus 10B HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic formulation</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Brand formulation</td>
<td>$90</td>
<td>$90</td>
<td>$90</td>
</tr>
<tr>
<td>Non-formulary</td>
<td>$70</td>
<td>$70</td>
<td>$70</td>
</tr>
</tbody>
</table>

### Note for HSA plans:

- Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay. However, as family member will contribute more than the individual plan out-of-pocket maximum amount. (i.e., each individual will meet the single out-of-pocket maximum, benefits for that member are covered at full. Benefits for all family members are covered at full once the family out-of-pocket maximum is met. If individual is enrolled without dependents, single deductible and out-of-pocket maximum apply.)

### Note for HSA

- Durable medical equipment/prosthetics
  - PPO Plus 8B HSA: $500
  - PPO Plus 9B HSA: $600
  - PPO Plus 10B HSA: $600

- Substance abuse treatment

- Detox
  - PPO Plus 8B HSA: $500/day
  - PPO Plus 9B HSA: $500/day
  - PPO Plus 10B HSA: $500/day

- Rehabilitation

- Outpatient

### Note for HSA plans:

- In-network: Medicare or Independence's fee schedule, payment is 100% of the actual charge of the provider. For services rendered by hospitals and other facility providers to the local services, the allowance may refer to the actual amount paid by Personal Choice to the provider. Under Independence contracts with hospitals and other facility providers, Independence pays a fixed percentage (not the amount used to calculate your liability. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the providers.

- Out-of-network: Medicare or Independence's fee schedule, payment is 50% of the actual charge of the provider. For services rendered by hospitals and other facility providers to the local services, the allowance may refer to the actual amount paid by Personal Choice to the provider. Under Independence contracts with hospitals and other facility providers, Independence pays a fixed percentage (not the amount used to calculate your liability. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the providers.

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