U.S. Benefits

How do you benefit?

Health Plan Summary

	In Network	Out of Network
***MEDICAL**		
Lifetime Plan Maximum	*Unlimited*	*Unlimited*
Calendar Year Deductible:		
Individual	$250	$1,000
Family	$500	$2,000
Out of Pocket Maximum:		
Individual	$2,000	$6,000
Family	$4,000	$12,000
Coinsurance	100%	70%
Physician Office Visits:		
Primary Care	$15	Deductible and coinsurance
Specialists	$25	
Any services in addition to the office visit will be subject to the deductible (e.g., lab work, x-rays)		
Hospital Visit Copayments:		
Inpatient	$250 per admission, then deductible	$250 per admission, then deductible and coinsurance
Outpatient	$100 per procedure, then deductible	$100 per procedure, then deductible and coinsurance
Emergency Room	$125 per visit, then 100%	$125 per visit, then deductible and coinsurance
	Copay waived if admitted within 24 hours	
Urgent Care Center	$50 per visit	$50 per visit
Preventive Exams **Immunizations**	100% Coverage 100% Coverage	Not Covered 100% for flu and shingles only
Chiropractic Services	$25 per visit	$25 per visit, then deductible and coinsurance *Limit of 35*
Skilled Nursing	Deductible	Deductible and coinsurance
	Limited to 60 days per calendar year	
Lab and X-Ray	Deductible	Deductible and coinsurance
Home Health Care	Deductible	Deductible and coinsurance
	$25,000 maximum annual benefit, combined with private duty nursing	
Hospice Care	80% after deductible	80% after deductible
Durable Medical Equipment	80% after deductible	80% after deductible
Mental Health & Alcohol/Drug Abuse:		
Inpatient	$250 per admission, then deductible	$250 per admission, then deductible and coinsurance
Outpatient	$15 per visit, then deductible	30% after deductible
Infertility Treatment (Progyny)	30% Coinsurance	Not Covered
***PRESCRIPTION DRUG**		
	Retail (After $50 deductible):	Mail Order:
Generic	$5	$10
Preferred Brand Name	$20	$40
Non-Preferred Brand Name	$35	$70

World Wide Technology

*See the Summary Plan Description for more details and specific plan information.