Adm inistered by:

healthEZ

Summary of Medical Benefits

	In-Network	Out-of-Network
Plan Year Deductible Employee only Family	$6,500 $13,000	N/A N/A
Coinsurance	0%*	N/A
Out-of-Pocket Maximum Employee only Family	$6,500 $13,000	N/A N/A
Preventive Care	100% Covered	Not Covered
Office Visits Primary Services Specialist Services Chiropractic Services	$40 Copay $65 Copay $50 Copay	Not Covered Not Covered Not Covered
Hospital Services	0%*	Not Covered
Emergency Services** Emergency Room Emergency Medical Transportation	$500 Copay 0%*	Not Covered Not Covered
Urgent Care Services	$110 Copay	Not Covered
HealthiestYou Services General Consultations Dermatology Mental Health - Therapist Mental Health - Psychiatrist, initial evaluation Mental Health - Psychiatrist, ongoing session	100% Covered $75 Copay $85 Copay $200 Copay $95 Copay	
Mental Health/Chemical Dependency Inpatient Outpatient	0%* $50 Copay	Not Covered Not Covered

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage Generic Preferred brand Non-preferred brand Specialty	$10 Copay 25% Coinsurance 50% Coinsurance Not Available	

* After deductible
** Covered as in-network in true-emergency

As a reminder, Intermountain Healthcare (IHC) is excluded from the plan.

SHIPEX
DELIVERING WHAT MATTERS

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