

# WELLESSENTIALS<sup>TM</sup> 2.5

Physician Services				
Deductible	\$2,500 / \$5,000 (Individual/Family)			
Out of Pocket Maximum	\$7,350 / \$14,700 (Individual/Family)			
Preventative	Preventive Care Services Covered 100%			
Primary Care - Existing	\$50 Co-pay (unlimited)			
Primary Care - New	\$150 Co-pay (unlimited)*			
Specialist - Existing	\$100 Co-pay (unlimited) <sup>1</sup>			
Specialist - New	\$200 Co-pay (unlimited) <sup>1*</sup>			
Urgent Care	\$150 Co-pay (unlimited)			
Lab & Imaging				
Laboratory Services	\$50 Co-pay (unlimited)**			
X-Ray	\$75 Co-pay (unlimited)**			
CT / MRI / PET Scan	\$500 Co-Pay			
Hospital Services				
Emergency Room	\$400 Co-Pay Plus Deductible***			
Inpatient Room & Board	\$500 Copay per Admission Plus Deductible**** <sub>1</sub>			
Pharmacy Benefits				
Preventive Generic	\$0 Co-pay (Limited to Preventive Generic Only)			
Generic	\$20 Co-pay			
Monthly Rates	Employee	Employee & Spouse	Employee & Children	Employee & Family
Ages 18 – N/A	\$410.43	\$648.33	\$666.82	\$932.18

**ONE TIME ENROLLMENT FEE \$75**