

WELLPLUSTM 18 MP

Physician Services				
Deductible	\$1,000 / \$2,000 (Individual/Family)			
Out of Pocket Maximum	\$7,150 / \$14,300 (Individual/Family)			
Preventative	Preventive Care Services Covered 100%			
Primary Care Visit	\$15 Co-pay (unlimited, after deductible is met)			
Specialist Visit	\$25 Co-pay (unlimited, after deductible is met) ¹			
Urgent Care	\$100 Co-pay (unlimited, after deductible is met)			
Lab & Imaging				
Laboratory Services	\$50 Co-pay (unlimited)**			
X-Ray	\$50 Co-pay (unlimited)**			
CT / MRI / PET Scan	\$400 Co-Pay			
Hospital Services				
Emergency Room	\$400 Co-pay Plus Deductible & Coinsurance***			
Inpatient Room & Board	\$500 Co-pay per Admission + Ded. & Coins. **** ¹			
Pharmacy Benefits ²				
Preventive Generic	\$0 Co-pay (Limited to Preventive Generic Only)			
Generic	\$15 Co-pay			
Preferred Brand Drugs	\$25 Copay			
Non-Preferred Brand Drugs	\$75 Co-pay			
Monthly Rates	Employee	Employee & Spouse	Employee & Children	Employee & Family
Ages 18 - N/A	\$493.56	\$801.84	\$836.51	\$1,120.47

ONE TIME ENROLLMENT FEE \$75