

## Non-Network Benefits

After the combined health and pharmacy deductible is met, you are responsible for the following costs:

- 50% coinsurance for covered health services
- Amounts above the HealthChoice Allowed Charges
- \$100 emergency room copay
- \$300 non-Network hospital inpatient copay
- Amounts above the Plan's maximum benefit limitations
- Non-covered services or charges
- Pharmacy copays
- Cost difference between brand-name and generic medications

## Out-of-Pocket Maximum for Network Services

The out-of-pocket maximum amount includes the deductible amounts listed on page 1. Only Network health and pharmacy Allowed Charges count toward meeting the out-of-pocket maximum. Non-Network Allowed Charges do not count toward the out-of-pocket maximum.

Individual .....	\$3,000
Family of two or more .....	\$6,000

The entire individual or family out-of-pocket maximum must be met before Network benefits are paid at 100% of Allowed Charges. The family out-of-pocket maximum can be met by one or more family members.

## Charges That Do Not Count Toward the Out-of-Pocket Maximum

The out-of-pocket maximum of \$3,000 or \$6,000 does not include charges for non-covered services, balance billing and copays from non-Network providers.

## Lifetime Maximums

The HealthChoice plans do not have lifetime maximums for health or pharmacy costs.

## Disclaimer

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