

2021 ACCESS PLANS

	ACCESS PROTECTOR™	ACCESS SAFEGUARD™	ACCESS SECURE™
	IN-NETWORK	IN-NETWORK	IN-NETWORK
BENEFITS YOU ARE MOSTLY LIKELY TO NEED			
CHILD PRIMARY CARE	\$0	\$0	\$0
PRIMARY CARE / TELEHEALTH	40% After Deductible	\$40 for First 10 Visits	\$20 for First 10 Visits
SPECIALIST		\$60	\$60
URGENT CARE		\$40	\$40
TELEHEALTH SERVICES: MDLIVE		\$10	\$10
PREFERRED GENERIC Rx		\$10	\$10
NON-PREFERRED GENERIC Rx	\$25	\$25	\$25
IMMUNIZATIONS ¹	\$0	\$0	\$0
PREVENTIVE CARE	\$0	\$0	\$0
MENTAL HEALTH AND SUBSTANCE ABUSE	\$0 for First 6 visits then 40% After Deductible	\$0 for First 6 visits then 30% After Deductible	\$0 for First 6 visits then 20% After Deductible
PREVENTIVE DENTAL CARE	No Deductible \$20 Copay	No Deductible \$20 Copay	No Deductible \$20 Copay
VISION	\$100 Allowance	\$100 Allowance	\$100 Allowance
BENEFITS FOR THE UNEXPECTED			
EMERGENCY ROOM (Copay is waived if admitted)	\$350 Copay After Deductible	\$350 Copay After Deductible	\$350 Copay After Deductible
IMAGING (MRIs, CT Scans)	40% After Deductible	30% After Deductible	20% After Deductible
LAB WORK AND X-RAYS			
SURGERY (Doctors charges, anesthesia and other covered charges)			
PREGNANCY CARE (Delivery and after care)			
REHABILITATIVE AND HABILITATIVE THERAPY VISITS (Physical, speech, occupational; 25 Visit Limit)			
CHIROPRACTIC CARE (18 Visit Limit)			
HOW MUCH YOU'LL PAY EACH YEAR FOR CARE YOU RECEIVE			
MEDICAL DEDUCTIBLE	<i>How much you'll pay each year before we start paying for some services; deductible is doubled for family policies, no matter how many are covered</i>		
	\$10,000 (Individual)	\$5,000 (Individual)	\$2,500 (Individual)
	\$20,000 (Family)	\$10,000 (Family)	\$5,000 (Family)
MATERNITY DEDUCTIBLE	Integrated Medical and Maternity Deductible	\$7,500	\$5,000
MEDICAL COINSURANCE	<i>The percent you'll pay for covered services; we'll pay the other part</i>		
	40%	30%	20%
PLAN YEAR LIMIT	\$2,000,000	\$2,000,000	\$2,000,000
MEDICAL OUT-OF-POCKET MAXIMUM	<i>The most you'll pay out of pocket each year for covered care and prescriptions; maximum is doubled for family policies, no matter how many are covered</i>		
	\$25,000 (Individual)	\$20,000 (Individual)	\$15,000 (Individual)
	\$50,000 (Family)	\$40,000 (Family)	\$30,000 (Family)
IN CASE YOU NEED BRAND NAME OR SPECIALTY PRESCRIPTIONS			
PRESCRIPTION DEDUCTIBLE	\$5,000 (Individual)	\$2,000 (Individual)	\$2,000 (Individual)
	\$10,000 (Family)	\$4,000 (Family)	\$4,000 (Family)
PREFERRED BRAND NAME Rx	20% after Rx Deductible	20% after Rx Deductible	20% after Rx Deductible
NON-PREFERRED BRAND NAME Rx	30% after Rx Deductible	30% after Rx Deductible	30% after Rx Deductible
PREFERRED SPECIALTY Rx	40% after Rx Deductible	40% after Rx Deductible	40% after Rx Deductible
NON-PREFERRED SPECIALTY Rx	50% after Rx Deductible	50% after Rx Deductible	50% after Rx Deductible

¹All Immunization are limited to the extent recommended by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.