

This 2014 benefit grid outlines coverage for in-network and out-of-network services. This is not a comprehensive list of benefits. You can find a comprehensive list of services in the member contract.

CATASTROPHIC Plans	CATASTROPHIC PLANS <i>(Minimum Benefit)</i>	
	COVERED CHOICE AND COVERED CONNECT*	
	In-Network	Out-of-Network
<b>Deductible</b>	Individual - \$6,350 Family - \$12,700	Individual - \$6,350 Family - \$12,700
<b>Annual Out-of-Pocket Maximum Costs</b> <i>Includes deductible</i>	Individual - \$6,350 Family - \$12,700	<b>Covered Choice</b> \$8,350 / \$16,700 <b>Covered Connect</b> \$10,000 / \$20,000
<b>Coinsurance</b>	<b>You pay nothing.</b> (Services may be subject to deductible.)	<b>You pay 30%.</b> (Services may be subject to deductible.)
<b>WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM</b>		
<b>Preventive Care Services</b>	<b>You pay nothing</b> for covered preventive care services.	<b>You pay costs</b> up to your deductible and then 30%.
<b>Doctor's Office Visit</b>	<b>Covered Choice : You pay \$30</b> each for first 3 office visits, then costs up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
	<b>Covered Connect : You pay \$30 copayment</b> (each for first 3 PCP office visits, then costs up to your deductible.) <b>You pay costs</b> up to your deductible for non-PCP visits with referral.	
<b>Prescription Drugs</b> <i>Costs for prescription drugs count toward the member's out-of-pocket maximum</i>	<b>You pay costs</b> up to your deductible and then nothing.	
<b>Immunizations</b>	<b>You pay nothing</b> for covered immunizations.	<b>You pay nothing</b> for covered immunizations.
<b>Inpatient Hospital Services</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
<b>Emergency Room Visit</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
<b>Maternity</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
<b>Outpatient Mental Health Services</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
<b>Physician, Surgical &amp; Medical Services</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
<b>Diabetes Education Services</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
<b>Chiropractic Care</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 50%.
<b>Outpatient Rehab Services</b>	Up to a combined in and out-of-network total of 18 visits per member, per benefit period.	
	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.
<i>Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy (ST)</i>	Limited to a combined total of 20 visits per member, per benefit period	
<b>Diagnostic X-Ray and Lab Services</b>	<b>You pay costs</b> up to your deductible.	<b>You pay costs</b> up to your deductible and then 30%.

\*Catastrophic plans are only available to people under the age of 30, or to people who qualify through the Exchange on a hardship exemption.