



The *One* making health insurance more affordable.

MISSISSIPPI



Individual Value Plans	Value \$1,000		Value \$1,500		Value \$2,000		Value \$2,500		Value \$3,500		Value \$5,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime maximum	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	
Annual maximum	\$100,000		\$100,000		\$100,000		\$100,000		\$100,000		\$100,000	
Deductible (per contract year) - family deductible equal to 3x the single	\$1,000	\$3,000	\$1,500	\$4,500	\$2,000	\$6,000	\$2,500	\$7,500	\$3,500	\$10,500	\$5,000	\$15,000
Coinsurance	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%
Out-of-pocket maximum (per contract year) - family deductible equal to 3x the single	\$7,000	\$18,000	\$7,500	\$19,500	\$8,000	\$21,000	\$8,500	\$22,500	\$9,500	\$25,500	\$11,000	\$30,000
Medical benefits shown with copays not subject to deductibles	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay
PCP office visit*	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible
Specialist office visit*	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible
Wellness care - limited to 4 visits per contract year												
PCP wellness visit	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible	\$50	50% after deductible
Specialist wellness visit	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible
Emergency room services - copay waived if admitted to hospital	\$200		\$200		\$200		\$200		\$200		\$200	
Urgent care services	\$90		\$90		\$90		\$90		\$90		\$90	
Ambulance (emergent) - when medically necessary	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient hospital	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient hospital / facility - X-ray, lab, diagnostic services, MRI, CAT & PET scans, surgery, anesthesia, etc.	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Rehabilitation services (physical, speech, occupational and respiratory therapies) - limited to 12 visits per contract year	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Chiropractic services - limited to 12 visits per contract year	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible	\$75	50% after deductible
DME, prosthetics - limited to \$2,000 per contract year	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Transplants - when medically necessary	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Home health care - limited to 20 visits per contract year	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Skilled nursing facility - limited to 15 days per contract year	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospice - limited to 30 days per lifetime	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
TMJ - limited to \$5,000 lifetime maximum	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Prescription drugs - limited to \$2,000 per contract year - Tier 1 – preferred generic - Tier 2 – preferred formulary brand - Tier 3 – non-preferred drugs	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 (after \$250 deductible)	in-network benefit only	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 (after \$250 deductible)	in-network benefit only	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 (after \$250 deductible)	in-network benefit only	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 (after \$250 deductible)	in-network benefit only	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 (after \$250 deductible)	in-network benefit only	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 (after \$250 deductible)	in-network benefit only
Mental health and substance abuse (optional) outpatient - limited to 52 outpatient and 60 partial hospital visits per contract year inpatient - limited to 30 visits per contract year	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible

*Copay applies to first 4 PCP and Specialist office visits combined.

This summary is a partial description of coverage and does not detail all benefits, limitations and exclusions. Please consult the Certificate of Coverage (COC) to determine the exact terms, conditions and scope of coverage.

Benefit limitations are a combination of in-network and out-of-network benefits.