	HSA 3000	
Standard HSA Plan	**In-Network Provider**	**Out-of-Network Provider [2]**
EMPLOYEE ONLY	Applies if employee is enrolling with no other family members.	
Annual Deductible	$3,000[1]	
Annual Out-of-Pocket Limit	$0**[1]	no maximum
EMPLOYEE ONLY W/ ONE OR MORE DEPENDENT(S)	Family deductible can be met by 1 or more family members. This deductible must be met before benefits will be paid.	
Annual Deductible	$6,000[1]	
Annual Out-of-Pocket Maximum	$0**[1]	no maximum
PREVENTIVE CARE		
Routine Physicals / Well Baby Care	50%*	50%
Routine Women's Exams / Men's Prostate Rectal Exam (PRE)	50%*	50%
Immunizations	50%*	50%
PROFESSIONAL SERVICES		
Office and Home Visits	0%	50%
Surgery	0%	50%
Alternative Care ($1,000 annual maximum)	0%	50%
MATERNITY CARE		
Practitioner Services	0%	50%
Hospital Stay	0%	50%
HOSPITAL SERVICES		
Inpatient Care	0%	50%
Skilled Nursing Facility Care	0%	50%
Outpatient Hospital/Facility	0%	50%
Outpatient Diagnostic X-Ray and Lab	0%	50%
Specified Imaging (MRI, CT, CAT, PET scans)	0%	50%
EMERGENCY CARE		
Emergency Room Visits	0%	50%
Urgent Care Visits	0%	50%
Ambulance Service ($5,000 annual max)	0%	
OTHER COVERED SERVICES		
Physical Therapy	0%	50%
Allergy Injections	0%	50%
Durable Medical Equipment/Prosthetics	0%	50%
Home Health, Hospice, and Respite Care	0%	50%
PRESCRIPTION DRUG (Show your ODS ID card to access discounts at participating pharmacies.)	0%	
MAXIMUM LIFETIME BENEFIT	$2,000,000 ($250,000 can be accessed out-of-network)	

*Deductible waived.

** Separate in and out of network out-of-pocket maximums.

[1] Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum. Expenses for transplants performed at out-of-network transplant facilities do not apply to the out-of-pocket maximum.

[2] Out-of-network coverage co-payments are based on the maximum plan allowance for those services.

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