



The *One* making health insurance more affordable.

TENNESSEE



Individual Saver Plans	Saver \$1,500		Saver \$2,000		Saver \$2,500		Saver \$3,500		Saver \$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
<b>Lifetime maximum</b>	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
<b>Deductible</b> (per contract year) - combined family deductible equal to 2x the single	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$3,500	\$7,000	\$5,000	\$10,000
<b>Coinsurance</b>	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
<b>Out-of-pocket maximum</b> (per contract year) - combined family out-of-pocket maximum equal to 2x the single	\$1,500	\$5,000	\$2,000	\$6,000	\$2,500	\$7,000	\$3,500	\$9,000	\$5,000	\$12,000
	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
<b>PCP office visit</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Specialist office visit</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Wellness care</b> - limited to \$300 per contract year										
<b>PCP wellness visit</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Specialist wellness visit</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Emergency room services</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Urgent care services</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Ambulance</b> (emergent) - when medically necessary	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Inpatient hospital</b>	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Outpatient hospital / facility</b> - X-ray, lab, diagnostic services, MRI, CAT & PET scans, surgery, anesthesia, etc.	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Rehabilitation services</b> (physical, speech, occupational and respiratory therapies) - limited to 20 visits per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Chiropractic services</b> - limited to 12 visits per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>DME, prosthetics</b> - limited to \$3,000 per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Transplants</b> - when medically necessary	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Home health care</b> - limited to 40 visits per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Skilled nursing facility</b> - limited to 30 days per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Hospice</b> - limited to 30 days per lifetime	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<b>Prescription drugs</b> - Tier 1 – preferred generic - Tier 2 – preferred formulary brand - Tier 3 – non-preferred drugs	0% after deductible	in-network benefit only	0% after deductible	in-network benefit only	0% after deductible	in-network benefit only	0% after deductible	in-network benefit only	0% after deductible	in-network benefit only
<b>Mental health and substance abuse</b> (optional benefit) - outpatient: limited to 25 visits per contract year - inpatient: limited to 20 days per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible

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.