



BENEFITS SUMMARY COMPARISON

	QHDHP Plus 80% Plan Open Access Plan		QHDHP Plus 100% Plan Open Access Plan	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Calendar Deductible – Single/Family Applies to out-of-pocket maximum	\$2,650 Single / \$5,250 Family	\$5,300 Single / \$10,500 Family	\$5,000 Single / \$10,000 Family	\$10,000 Single / \$20,000 Family
Out-of-Pocket Maximum – Single/Family	\$5,000 Single / \$10,000 Family	\$10,000 Single / \$20,000 Family	\$5,000 Single / \$10,000 Family	\$15,000 Single / \$25,000 Family
Annual Benefit Maximum	None	\$250,000	None	\$250,000
Lifetime Maximum*	\$2 Million	\$1 Million	\$2 Million	\$1 Million
Pre-Existing Condition Limitation	12 Months	12 Months	12 Months	12 Months
Outpatient Services	You Pay	You Pay	You Pay	You Pay
Designated Preventive Care Services – Certain office visits and services are not subject to deductible when provided in conjunction with a preventive diagnosis as determined by Altius in accordance with Section 223 of the Internal Revenue Code.	Deductible Does Not Apply You Pay Applicable Coinsurance	40% AD	You Pay Nothing	20% AD
Office Visits – Primary Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Office Visits – Specialists	20% AD	40% AD	You Pay Nothing AD	20% AD
After Hours & Urgent Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Chiropractic Care – 10 visits per member/calendar year	20% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
Major Lab/Radiology	20% AD	40% AD	You Pay Nothing AD	20% AD
Minor Lab/X-ray (including mammograms)	20% AD	40% AD	You Pay Nothing AD	20% AD
Physiotherapy at Provider's Office – 10 total provider/facility visits per type, per member/calendar year	20% AD	40% AD	You Pay Nothing AD	20% AD
Physiotherapy at Facility – 10 total provider/facility visits per type, per member/calendar year	20% AD	40% AD	You Pay Nothing AD	20% AD
Emergency Care	You Pay	You Pay	You Pay	You Pay
Emergency Room Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Urgent Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Ambulance	20% AD	Participating Benefit Applies	You Pay Nothing AD	Participating Benefit Applies
Inpatient/Outpatient Hospital	You Pay	You Pay	You Pay	You Pay
Inpatient Hospital / Facility Services	20% AD	40% AD	You Pay Nothing AD	20% AD
Outpatient Hospital / Facility Services	20% AD	40% AD	You Pay Nothing AD	20% AD
Additional Professional Services – Billed by facility	20% AD	40% AD	You Pay Nothing AD	20% AD
Additional Professional Services – Billed by professional	20% AD	40% AD	You Pay Nothing AD	20% AD
Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon	20% AD	40% AD	You Pay Nothing AD	20% AD
Organ Transplant Services – Lifetime maximum of \$250,000 per member.	20% AD	40% AD	You Pay Nothing AD	20% AD
Maternity Services	No Coverage	No Coverage	No Coverage	No Coverage

- This summary is for illustrative purposes only. For complete benefit disclosure, refer to the medical benefits brochure in the policy or call Customer Service 1-800-377-4161.

* Deductibles, Lifetime Maximums, and Out-of-Pocket Maximums are cumulative across all levels.
AD = After Deductible



BENEFITS SUMMARY COMPARISON
-CONTINUED-

	QHDHP Plus 80% Plan Open Access Plan	
	Participating Providers	Non-Participating Providers
Prescription Drugs⁺	You Pay	You Pay
Prescription Drugs – 30 day supply (Preferred Generic / Preferred Brand / Non-Preferred)	\$15 / \$30 / \$60 After Medical Deductible	Participating Providers Only
Injectable or implantable Medications	You Pay	You Pay
Injectable or implantable Medications – Facility	20% AD	40% AD
Injectable or implantable Medications – Non-Facility (Preferred / Non-Preferred)	20% AD / 30% AD	40% AD / 50% AD
Injectable or implantable Medications – Pharmacy (Preferred / Non-Preferred)	20% AD / 30% AD	40% AD / 50% AD
Allergy Conditions	You Pay	You Pay
Testing & Treatment	20% AD	40% AD
Serum	20% AD	40% AD
Injections	20% AD	40% AD
Other Benefits	You Pay	You Pay
Accident Related Dental Services – \$1,000 lifetime maximum	50% AD	Participating Benefits Applies
Durable Medical Equipment (DME) – \$5,000 per member/calendar year	20% AD	50% AD
Home Health Care - 30 visits per member/calendar year	20% AD	50% AD
Home Hospice	20% AD	50% AD
Implantable Contraceptives and Intra-Uterine Devices (IUDs)	20% AD	50% AD
Infertility Services – Evaluation, testing, and diagnostic services; \$750 per member/calendar year, up to a lifetime maximum of \$5,000	50% AD	Participating Providers Only
Medical Supplies	20% AD	50% AD
Neuropsychological Testing	50% AD	50% AD
Skilled Nursing Facility – 30 days per member/calendar year	20% AD	50% AD
Sterilization Procedures – Physician's office	20% AD	40% AD
Sterilization Procedures – Outpatient facility	20% AD	40% AD
Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnostic services; lifetime maximum of \$1,000	50% AD	50% AD
Mental Health and Substance Abuse	No Coverage	No Coverage

QHDHP Plus 100% Plan Open Access Plan	
Participating Providers	Non-Participating Providers
You Pay	You Pay
You Pay Nothing AD	Participating Providers Only
You Pay	You Pay
You Pay Nothing AD	20% AD
You Pay Nothing AD	20% AD
You Pay Nothing AD	20% AD
You Pay	You Pay
You Pay Nothing AD	20% AD
You Pay Nothing AD	20% AD
You Pay Nothing AD	20% AD
You Pay	You Pay
You Pay Nothing AD	Participating Benefits Applies
You Pay Nothing AD	50% AD
You Pay Nothing AD	50% AD
You Pay Nothing AD	20% AD
You Pay Nothing AD	20% AD
You Pay Nothing AD	You Pay Nothing AD
You Pay Nothing AD	50% AD
You Pay Nothing AD	50% AD
You Pay Nothing AD	50% AD
You Pay Nothing AD	20% AD
You Pay Nothing AD	20% AD
You Pay Nothing AD	50% AD
No Coverage	No Coverage

⁺ If you receive a brand name drug when a preferred generic equivalent can be substituted, you will pay the difference in cost between the generic and the brand name drug, in addition to any applicable deductible and/or the generic copay. This difference does not apply to your deductible or out-of-pocket maximum. Regular benefits apply if a preferred generic cannot be substituted.