Benefits Summary

		24977_Dean Vesling & Associates Inc | DVA POS 3500 Plan	
		IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL			
Deductible		$3,500/Individual $7,000/Family	$10,500/Individual $21,000/Family
Out-of-Pocket Maximum *Includes Deductible, Coinsurance, & Copays*		$7,350/Individual $14,700/Family	$29,400/Individual $58,800/Family
2nd Level Out-of-Pocket Maximum		N/A N/A	N/A N/A
Member Coinsurance		20%	50%
PREVENTIVE CARE (Member Coinsurance)		20%	50%
PHYSICIAN OFFICE VISITS		$35 copay	50% coinsurance
SPECIALIST OFFICE VISITS		$85 copay	50% coinsurance
URGENT CARE		$60 copay	50% coinsurance
EMERGENCY ROOM		20% coinsurance	
HOSPITAL INPATIENT CARE		20% coinsurance	50% coinsurance
HOSPITAL OUTPATIENT CARE		20% coinsurance	50% coinsurance
PRESCRIPTION DRUG CARD			
Retail (20 day supply)	Generic	$20	
	Preferred	$40	
	Non-Preferred	$70	
Mail Order (up to 50 day supply)	Generic	$50	
	Preferred	$100	
	Non-Preferred	$175	
Specialty	Copay	Yes	
	Copay Details	20% coinsurance up to a $250 maximum/prescription for up to a 30-day supply, deductible does not apply	

This is a brief outline of your benefits. It is not a Summary Plan Description or intended to replace the Schedule of Benefits contained within the Plan Document. If any provision is inconsistent with the language of the Plan Document, the Plan Document will govern.