



## HP Flexible 15

### HealthPass

### HP Flexible 15

#### Benefit

#### In-Network

#### Out-Network

#### Drug Cards Available (Employer Chosen)

	10/20/40/Yes/0 10/20/40/50/2000	
<b>Major Medical</b>	No Rx	
Deductible Ind/Fam	N/A	\$500/\$1,250
Co-Insurance	100%	70% of \$5,000*
Out-of-Pocket	N/A	\$1,500/ \$3,000
Office Copay	\$15	70% After Ded.
DXL/Lab Fees	No Copay	70% After Ded.
Specialist Copay	\$15 Copay	70% After Ded.
Lifetime Maximum	Unlimited	\$1,000,000 PMPCY

#### Hospital Benefits

Hospital In-Patient	No Charge	70% After Ded.
Hospital Out-Patient	No Charge	70% After Ded.
Emergency Room	\$50 Copay	\$50 Copay
Private Nursing	Not Covered	Not Covered

#### Surgical Benefits

Surgical In-Patient	No Charge	70% After Ded.
Surgical Out-Patient	No Charge	70% After Ded.

#### Mental Health

Mental Nervous In-Patient	30 Days Psych./Cal.Yr No Charge	70% After Ded. 30 Visits/Cal. Yr.
Substance Abuse In-Patient	30 Days/Cal.Yr 7 Days/Detox. No Charge	70% After Ded. 30 Days/Cal. Yr. 7 Days/Detox.
Mental Nervous Out-Patient	20 Visits/Cal.Yr. \$15 Copay	50% After Ded. 20 Visits/Cal. Yr.
Substance Abuse Out-Patient	60 Visits/Cal.Yr. \$15 Copay	60 Visits/Cal.Yr. 70% After Ded.

#### Other

Well Care (Up to 19)	No Charge	70% After Ded.
Routine Adult Care	\$15 Copay	70% After Ded.
Chiropractic Care	\$15/Visit	70% After Ded.
Home Health Care	40 Vst/Cal.Yr.-No Charge	40 Vst/Cal.Yr.-70% After Ded.
Optical (1 exam every 12 months)	\$15 Copay	Not covered

\* 80th percentile of HIAA  
GHI - mandatory mail order on maintenance medication.  
HIP - Gated  
1.29.08