## motivhealth<sup>®</sup> I BENEFIT SUMMARY

	IN NETWORK	OUT OF NETWORK
Deductible (Single/Family) Deductible*	\$3,000/\$6,000	\$5,000/\$10,000
Embedded/Non-Embedded	Embedded	Embedded
Coinsurance (Paid by Member)	20% After Deductible	50% After Deductible (AD)
OOP Max (Single/Family)	\$3,500/\$7,000	\$10,000/\$20,000
OOPM Embedded/Non-Embedded	Embedded	Embedded
Inpatient	20% AD	50% AD
Outpatient Facility	20% AD	50% AD
Emergency Room	20% AD	20% AD
Preventive Care	Covered 100%	No Cost (up to allowed amount)
Primary Care Physician	20% AD	50% AD
Specialist	20% AD	50% AD
Behavioral Health Visits	20% AD	50% AD
Rehab/Physical Therapy/OT	20% AD	50% AD
CT/PET Scan/MRI	20% AD	50% AD
Minor Lab & X-Ray Services	20% AD	50% AD
Generic - Retail Preferred Brand - Retail Non-Preferred Brand - Retail Specialty Drugs Mail Order	20% AD 20% AD 20% AD 20% AD	N/A
Physical, Occupational, and Speech Therapy (Limited to 60 visits combined per plan year) Chiropractic Care (Limited to 25 visits per plan year)	20% AD 20% AD	50% AD 50% AD
Refractive Exam	No Charge	50% AD
Eyewear	Not Covered	Not Covered
Urgent Care	20% AD	50% AD
Ambulance	20% AD	20% AD

\*Deductible: The amount you pay before your health insurance starts paying for covered medical expenses.

**Co-Insurance:** The portion you pay once your deductible has been met. You will pay this percentage until you have hit your out-of-pocket maximum.

**Out-of-Pocket Maximum:** This is the most you wil I need to pay towards healthcare expenses in a given year. Your deductible and coinsurance are all applied towards your out-of-pocket maximum. **Embedded:** Each individual has their own deductible. When any one person reaches their individual deductible, the plan begins paying co-insurance for that individual.

Non Embedded: You do not have individual deductibles. Co-insurance begins when the combined family medical costs reach the family deductible.



## THE PLAN

Inpatient ER

Professional Visits

Imaging & Diagnostics

Prescription (RX)

Therapies

Vision

Other Services