



## Short Term Medical Benefit Attributes

### 3X4 Choice Plan

Deductibles	\$1,000, \$2,500, \$5,000 or \$10,000
Coinsurance	70%
Out of Pocket Maximum	\$15,000
Period Maximum Benefit	\$100,000; \$250,000; \$500,000; \$1,000,000
GP Office Visit Copay *	\$30
SPC Office Visit Copay *	\$60
Urgent Care Copay *	\$60
Generic Drugs	Discount Card Only
Brand Drugs	Discount Card Only
Emergency Room Deductible	\$250 Plus Deductible & Coinsurance
Outpatient Surgical Facility Deductible	\$0, Applies to Deductible & Coinsurance
Inpatient Admission Deductible	\$0, Applies to Deductible & Coinsurance
Ground Ambulance	\$1,000 per trip
Air Ambulance	\$2,500 per trip
Home Health Care	40 visits
Hospice	\$2,000 per coverage period
Skilled Nursing	60 days
Extended Care	60 days
DME	\$500
Athletic Injury	Same as any other illness/accident
Physical Therapy	\$50 per visit; 20 visit max
Mental Illness	Outpatient: \$50 per visit; 10 visit max; Inpatient: \$100 per day, 31 day max

#### Benefit Rules & Limitations

**GP, SPC & Urgent Care Office Visit Copay**—combined will not exceed 3 visits per Coverage Period. Visits in excess of the maximum of 3 visits per Coverage Period will be subject to the Deductible and Coinsurance.

Services limited to E&M codes, all other charges subject to deductible and coinsurance.

**Emergency Room Deductible**—must be for life threatening services or standard deductible and coinsurance apply.

**Outpatient Surgical Facility Deductible**—per bill deductible, applied to the facility bill.

\*Benefits for all Office Visits and Urgent Care Visits combined will not exceed 3 visits per Coverage Period. Visits in excess of the maximum of 3 visits per Coverage Period will be subject to the Deductible and Coinsurance.

\*Copays do not apply to out-of-pocket maximum.