STAR HDHP/HSA Plan: Summit & Advantage Networks Available

You always pay the deductible and copayment ($). The coinsurance (%) shows what **the plan pays** after the deductible, unless noted otherwise.

	HDHP w/ HSA Preferred and Participating In-Network
Annual Deductible (Per plan year)	$2,500 Single / $5,000 Family
	If more than one person in a family is covered under the policy, the Single deductible does NOT apply. Instead, the Family Deductible applies, and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met.
Annual Out-of-Pocket Maximum (Per plan year)	$7,000 Single / $14,000 Family
	If any family member reaches the individual out-of-pocket maximum, then the OOP is satisfied for that Individual family member. If any combination of family members reach the Family Out-of-Pocket, then OOP Maximum is satisfied for the entire family.
Office Visit Primary Care Preventive ** Specialists or Secondary Chiropractic Intermountain Connect Care	 Covered 80% After Deductible Covered 100% Deductible Waived Covered 80% After Deductible Covered 80% After Deductible (20 visits PPY) Covered 80% After Deductible
Lab and X-ray Minor Labs & Imaging - Independent Minor Labs & Imaging - Hospital Major Labs & Imaging - Independent Major Labs & Imaging- Hospital	 Covered 90% Covered 70% After Deductible Covered 90% After Deductible Covered 70% After Deductible
Urgent Care	Covered 80% After Deductible
Emergency Room	Covered 80% After Deductible
Hospitalization Inpatient	 Covered 70% After Deductible
Outpatient Surgery	Covered 90% After Deductible
In-Network Prescriptions	
Pharmacy (Generic Required)	Covered 80% After Deductible
Maintenance or Mail Order	Covered 80% After Deductible

***** Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

****** Please refer to your provided PEHP materials for a full list of covered preventive services and limitations.

PPY-Per Plan Year