Bronze 60 HDHP PPO 7000/0%

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Certificate of Insurance* (COI) should be consulted for a detailed description of coverage benefits and limitations.

Unless otherwise noted, the deductible applies.

Benefit description	Insured person(s) responsibility	
	IN-NETWORK[1,2]	**OUT-OF-NETWORK**[1,3]
Unlimited lifetime maximum.	✔	✔
Plan maximums Calendar year deductible[4]	$7,000 / $14,000	$14,000 / $28,000
Out-of-pocket maximum (single / family)[6]	$7,000 / $14,000	$14,000 / $28,000
Professional services Office visit[7]	0%	0%
Specialist visit	0%	0%
Telehealth services through Babylon[8]	0%	Not Covered
Rehabilitation and habilitation therapy	0%	0%
X-ray/Laboratory procedures	0%	0%
Complex radiology services (MRI, CT, PET)	0%	0%
Outpatient services Outpatient surgery (ambulatory surgery center / hospital)	0%	0%
Hospital services Inpatient hospital	0%	0%
Skilled nursing facility	0%	0%
Emergency services Emergency room (copay waived if admitted)	0%	0%
Urgent care	0%	0%
Mental/Behavioral health / Substance use disorder services[9] Mental/Behavioral health / Substance use disorder (inpatient)	0%	0%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	0%	0%
Other services Durable medical equipment	0%	0%
Acupuncture (medically necessary)[11]	0%	0%
Chiropractic care	Not Covered	Not Covered
Prescription drug coverage[13,14] Prescription drug deductible (single / family)	$7,000 / $14,000 Integrated med/Rx ded. Applies to all tiers	Not Covered
Prescription drugs Tier 1 / Tier 2 / Tier 3[12] (up to a 30-day supply obtained through a participating pharmacy)	0% / 0% / 0%	Not Covered
Tier 4 Specialty drugs[15]	0%	Not Covered
Pediatric dental[16] Diagnostic and preventive services	$0 (ded waived)	10% (ded waived)
Pediatric vision[17] Routine eye exam	$0 (ded waived)	Not Covered
Glasses (limitations apply)	$0 (ded waived)	Not Covered

BKT033351EL00 (1/20)