



Summary of Benefits

Motivate Plans			
Lifetime Maximum	\$2 million		
Provider Networks	Preferred Provider Organization (PPO), Participating (PAR) or non-contracted		
Deductible Choices	Individual deductible options per calendar year: \$1,500, \$2,000, \$3,000 Family deductible is three times the individual amount		
Coinsurance	80%	60%	60%
Coinsurance Maximum	Individual coinsurance maximum options per calendar year: \$3,000, \$4,000, \$6,000 Family coinsurance maximum is three times the individual amount		
IMMUNIZATIONS			
Immunizations Adult and childhood	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
PROFESSIONAL SERVICES AND URGENT CARE PROFESSIONALS			
Office Visits (E&M)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Outpatient Diagnostic Radiology & Lab (DRL)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Maternity Care Subscriber and spouse	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Rehabilitation Inpatient: \$25,000 per calendar year maximum Outpatient: \$1,500 per calendar year maximum	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Chemical Dependency \$14,000 combined inpatient/outpatient maximum every 2 calendar years	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental Health Outpatient 12 visits per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Acupuncture 12 visits per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Spinal Manipulations 10 spinal manipulations per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Genetic Testing \$5,000 per lifetime maximum benefit (this limit does not apply to prenatal testing)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Nutritional Counseling Three visits per lifetime (this limit does not apply to diabetic counseling)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Neurodevelopmental Therapy For children age 6 and under Inpatient and outpatient combined: \$1,500 per calendar year maximum benefit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Temporomandibular Joint Disorders (TMJ) Treatment \$1,000 per calendar year maximum benefit	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance

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FACILITY SERVICES			
Inpatient & Outpatient Facility Care	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Mental Health Inpatient 8 days per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Emergency Room Copay waived on inpatient admit	\$100 copayment, Deductible & coinsurance	\$100 copayment, Deductible & 80% coinsurance	\$100 copayment, Deductible & 80% coinsurance
Home Health 130 visits per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Hospice 14 days inpatient/outpatient respite care per lifetime	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Skilled Nursing Facility 60 days inpatient per calendar year	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
MISCELLANEOUS BENEFITS AND INFORMATION			
Ambulance Air and ground to nearest facility	Deductible & coinsurance	Deductible & 80% coinsurance	Deductible & 80% coinsurance
Durable Medical Equipment (DME) \$7,500 per calendar year maximum benefit (this limit does not apply to insulin pumps/supplies and lifesaving equipment such as oxygen and ventilators)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Transplants \$250,000 lifetime maximum, \$50,000 donor expense maximum per transplant. 6-month waiting period.	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Orthotics \$500 per calendar year maximum benefit (this limit does not apply to diabetic orthotics)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
Prostheses \$20,000 per calendar year maximum benefit for external prostheses (this limit does not apply to external breast prostheses)	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance
PRESCRIPTION MEDICATIONS			
Rx Deductible Choices	\$250, \$500, \$1,000		
Rx Copayment Choices	Four plans available generic/brand formulary/brand non-formulary: \$10/\$35/\$75, \$5/25%/50%, \$7/30%/50%, 10%/30%/50%		
ADDITIONAL BENEFIT CHOICES AVAILABLE			
Vision	One routine exam per calendar year. Not subject to deductible and coinsurance. Hardware limited to \$150 per calendar year maximum		
Dental	Three plans available: Enhance, Aspire, Achieve		
Spinal Manipulations	Deductible & coinsurance. Option with no benefit maximum		