

# PBT Value Health Savings Account Qualified Plans

Individual Plan Deductibles*	Deductible		Co-Insurance		Out-of- Pocket Maximum**		Preventive Care***	
	In-Network Deductible	Out-of-Network Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>\$1,500</b>	\$1,500	\$3,000	80% of the eligible expense	60% of the eligible expense	\$1,500	\$6,000	100% of the eligible expense	60% of the eligible expense
<b>\$3,000</b>	\$3,000	\$6,000	100% of the eligible expense	80% of the eligible expense	NA	\$6,000	100% of the eligible expense	80% of the eligible expense
<b>\$4,000</b>	\$4,000	\$8,000	100% of the eligible expense	80% of the eligible expense	NA	\$6,000	100% of the eligible expense	80% of the eligible expense
<b>\$5,000</b>	\$5,000	\$10,000	100% of the eligible expense	80% of the eligible expense	NA	\$6,000	100% of the eligible expense	80% of the eligible expense
<b>Prescription Drug Coverage</b>	Payable at the In-Network co-insurance percentage after satisfaction of the In-Network deductible.							
<b>Maternity</b>	Treatment for complications due to pregnancy is covered even if the optional maternity coverage is not chosen. The maternity coverage is available after meeting a 12-month waiting period and is payable the same as any other covered service.							

\* The Value HSA Plan offers an embedded deductible for couples/families. This means benefits begin when the individual deductible is satisfied for that individual rather than the family deductible. **Applies to both Individual and Family plans.**

\*\* Does not include the plan deductible. **Applies to both Individual and Family plans.**

\*\*\* Preventive Benefits include: Routine Mammograms and PSA Test limited to one per year (not included in the \$500 maximum); Routine Sigmoidoscopy/Colonscopy - Limited based on the American Cancer Guidelines - (not included in the \$500 maximum); and, Immunizations for children between 0-19 covered at 100% in and out of network; deductible satisfaction not required. Preventive Benefits also includes a Wellness Benefit which covers your routine physical exams, labs, test, and immunizations – limited to \$500 per person per calendar year. **Applies to both Individual and Family plans.**

Pre-certification - Benefits subject to a penalty of \$200 per occurrence (in addition to deductible) when pre-certification procedures are not followed. To pre-certify call the toll free number on your identification card

Your Contribution to your Health Savings Account: The maximum allowable contribution goes up every year with the rise of the Consumer Price Index. In 2010 the individual contribution limit is \$3,050, and the family limit is \$6,150.

This chart is a brief explanation of this plan and is not a contract. Individuals who become covered under the program will receive a Certificate of Insurance defining their coverage. In the event of any conflict or inconsistency between the benefits described in this chart and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all respects.

## PBT Value Health Savings Account Qualified Plans

Family Plan Deductibles*	Deductible		Co-Insurance		Out-of- Pocket Maximum**		Preventive Care***	
	In-Network Deductible	Out-of-Network Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>\$3,000/\$6,000</b>	\$3,000 Each Person \$6,000 Family	\$6,000 Each Person \$12,000 Family	100% of the eligible expense	80% of the eligible expense	NA	\$12,000	100% of the eligible expense	80% of the eligible expense
<b>\$4,000/\$7,000</b>	\$4,000 Each Person \$7,000 Family	\$8,000 Each Person \$14,000 Family	100% of the eligible expense	80% of the eligible expense	NA	\$12,000	100% of the eligible expense	80% of the eligible expense
<b>\$5,000/\$8,000</b>	\$5,000 Each Person \$8,000 Family	\$10,000 Each Person \$16,000 Family	100% of the eligible expense	80% of the eligible expense	NA	\$12,000	100% of the eligible expense	80% of the eligible expense
<b>Prescription Drug Coverage</b>	Payable at the In-Network co-insurance percentage after satisfaction of the In-Network deductible.							
<b>Maternity</b>	Treatment for complications due to pregnancy is covered even if the optional maternity coverage is not chosen. The maternity coverage is available after meeting a 12-month waiting period and is payable the same as any other covered service.							

Your Contribution to your Health Savings Account: The maximum allowable contribution goes up every year with the rise of the Consumer Price Index. In 2010 the individual contribution limit is \$3,050, and the family limit is \$6,150.

This chart is a brief explanation of this plan and is not a contract. Individuals who become covered under the program will receive a Certificate of Insurance defining their coverage. In the event of any conflict or inconsistency between the benefits described in this chart and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all respects.