Benefit	Tier I	Tier II	Tier III (Out-of-Netw
Out-of-Pocket Maximum vidual ily	$6,600 (includes eligible charges from Tiers I & II combined) $13,200 (includes eligible charges from Tiers I & II combined)		Not Applicable
Deductible (must be for all services)	$0	$300 per enrollee*	$400 per enrollee*
Hospital Services (*Percentages listed represent how much is covered by the plan*)			
cy Room Services	$200 copayment per visit	$200 copayment per visit	$200 copayment per visit
Hospitalization	$250 copayment per admission	80% of network charges after $300 copayment per admission*	60% of allowable charges $400 copayment per adm
Alcohol and e Abuse	$250 copayment per admission	80% of network charges after $300 copayment per admission*	60% of allowable charges $400 copayment per adm
Psychiatric Admission	$250 copayment per admission	80% of network charges after $300 copayment per admission*	60% of allowable charges $400 copayment per adm
ıt Surgery	$150 copayment per visit	80% of network charges after $150 copayment*	60% of allowable charges $150 copayment*
ursing Facility	100% covered	80% of network charges*	Not covered
ic Lab and X-ray	100% covered	80% of network charges*	60% of allowable charges*
Transplant Services			
d Tissue ıts	**Tier I:** 100% covered. **Tier II:** 80% of network charges. **Tier III:** Not covered. To assure co the transplant candidate must contact your plan provider prior to beginning evaluation service		
Professional and Other Services			
e Care/Well-Baby ations	100% covered	100% covered	Not covered
Office Visits	$20 copayment	80% of network charges*	60% of allowable charges*
t Office Visits	$20 copayment	80% of network charges*	60% of allowable charges*
cine	$10 copayment	Not covered	Not covered
ıt Psychiatric and e Abuse	$20 copayment	80% of network charges*	60% of allowable charges*
Medical Equipment	80% of network charges	80% of network charges*	60% of allowable charges*
lth Care	$15 copayment	80% of network charges*	Not covered

Prescription Drugs

Preventive Prescription Drugs – $0

	Tier I	Tier II	Tier II
nts (30-day supply)	$10	$20	$40
nts (90-day supply)	$20	$40	$80
nce Choice (90-day supply)***	$10	$20	$40

an year deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year
ng out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable cha
count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.
dications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.