

HSA Plans -- Benefit Highlights

	HSA 100®	HSA Saver®
Design Basics		
Network Type	Preferred or Savings-Based Network	
Calendar-Year Deductible Choices (one per family)	See HSA Insert	See HSA Insert
Coinsurance After Deductible	100%	100%
Lifetime Maximum Benefit (per covered person)	\$3 million	\$3 million
Initial Rate Guarantee (subject to benefit and address changes)	12 months	12 months
Coverage percentages below are effective AFTER deductibles have been met unless otherwise indicated.		
Inpatient Expense Benefits		
Room and Board, Intensive Care Unit, Operating Room, Recovery Room, and Professional Fees of Doctors, Surgeons, Nurses	100%	100%
Other Covered Inpatient Services	100%	100%
Outpatient Expense Benefits		
Surgeon, Assistant Surgeon, and Facility Fees	100%	100%
Hemodialysis, Radiation, Chemotherapy, and Organ Transplant Drugs	100%	100%
CAT Scans, MRIs	100%	100%
Outpatient X-ray and Lab	100%	100% if performed within 14 days of surgery or confinement
Emergency Room Fees	100%	100% if admitted; if not admitted -- limited to \$250/person/year
Other Covered Outpatient Expenses	100%	See page 10 for details
Routine Health Benefits		
Doctor Office Visit Fees	100%	Not Covered
Outpatient Prescription Drugs (Preferred Price Card included with all plans)	100%	Not Covered -- Preferred Price Card Included
Mammography, Pap Smear, and PSA Testing	100%	100%
Adult Preventive Care (Up to \$500 annually for each adult age 19 or older; subject to 3-month waiting period)	100%	Not Covered
Childhood Immunizations (Up to \$500 annually for ages 0-18; subject to 3-month waiting period)	100%	Not covered
Optional Benefits	For a complete list, see page 8.	

This chart only summarizes standard covered expenses, exclusions, and limitations of each plan. To be considered for reimbursement, expenses must qualify as covered expenses. Expenses are also subject to reasonable and customary limits unless you use a network. We recommend review of the more detailed plan information on pages 9-14.