HSA-Qualified Plan Benefits	HSA 2500		HSA 3500	
Calendar Year Deductible Individual / Family	$2,500/ $5,000		$3,500 / $7,000	
Calendar Year Out-of-Pocket Maximum Individual / Family *(includes deductible)*	$5,000 / $10,000		$5,950 / $11,900	

After meeting your deductible, you pay the following amounts for covered services:
The deductible is waived for some covered services. These services are marked with ✓ * Limitations apply. See your Plan Contract for details.

Preventive Care	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan
Periodic health exams, well-baby care*	covered in full✓	40%	covered in full✓	50%
Annual gynecological exam	covered in full✓	40%	covered in full✓	50%
Routine immunizations/shots	covered in full✓	40%	covered in full✓	50%
Mammograms	covered in full✓	40%	covered in full✓	50%
Physician/Provider Services				
Office visits to a Personal Physician/Provider	$20 copay	40%	50%	50%
Office visits to all other physicians/providers	20%	40%	50%	50%
Inpatient hospital visits and surgery	20%	40%	50%	50%
Hospital Services				
Inpatient and observation care Maternity care Rehabilitative care and services*	**20%**	40%	50%	50%
Outpatient Diagnostic Services				
X-ray; lab services Imaging services (such as PET, CT, MRI)	**20%**	40%	50%	50%
Emergency/Urgent care				
Emergency services	$250 copay		50%	
Urgent care visits	$20 copay	40%	50%	
Emergency transportation services*	20%		50%	
Other Covered Services				
Medical and diabetes supplies* Outpatient surgery, radiation therapy, chemotherapy Mental health and alcohol treatment*	20%	40%	50%	50%
Prescription Drugs				
Participating retail/mail order pharmacies only	Generic and brand name drugs – 50%		Generic and Brand drugs – 50%	
Routine Vision Services (administerd by VSP)				
Routine vision exams ($30 copay in-plan), frames, basic lenses and contact lenses. Visit **www.ProvidenceHealthPlan.com** for details.				
Alternative Care, Chiropractic, Massage Services (administered by Choose Healthy)				
Receive 25 perecent off provider fees for alternative care services with Choose Healthy. Visit **www.ProvidenceHealthPlan.com** for details.				

HSA-Qualified Plan Rates

	Age:	0 - 17	18 - 20	21 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64
Individual	HSA 2500	$136	$174	$208	$225	$256	$275	$349	$413	$480	$577	$662
	HSA 3500	$112	$145	$174	$189	$214	$228	$292	$343	$399	$481	$551
Individual and Spouse	HSA 2500		$325	$389	$420	$477	$511	$651	$769	$892	$1,074	$1,232
	HSA 3500		$272	$325	$350	$398	$425	$543	$641	$743	$895	$1,026
Individual and Children	HSA 2500		$243	$292	$316	$359	$382	$490	$577	$670	$805	$924
	HSA 3500		$202	$243	$262	$299	$319	$407	$481	$558	$671	$770
Individual and Family	HSA 2500		$455	$544	$619	$715	$753	$943	$960	$1,027	$1,235	$1,354
	HSA 3500		$378	$454	$516	$596	$626	$786	$800	$854	$1,029	$1,127

*Limitations apply. See your Plan Contract for details.