


[▶ PLAN BENEFIT DETAILS](#)


SmartSense 500 Full Rx 1 Member	In-Network	Out-Of-Network
• Annual Deductible	Individual: \$500	Individual: \$5,000
• Annual Out-Of-Pocket Limit	Individual: \$2,500 (Deductible not Included)	Individual: \$10,000 (Deductible not Included)
• Lifetime Maximum	\$7,000,000	\$7,000,000
• Office Visits	\$30 for first three visits per year; then 30% of negotiated fee	50% of negotiated fee plus all excess charges
• Prescription Drugs	\$15 Generic/Brand (or 40%, whichever is greater) 40% Specialty (\$500 Brand/Specialty Deductible, \$4,500 max out of pocket-ded not included)	\$15 Generic/Brand (or 40%, whichever is greater) 40% Specialty (\$500 Brand/Specialty Deductible)
• Laboratory and Radiology	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Annual Physical Exam	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Annual OB-GYN Exam	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Well Baby Care	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Outpatient Surgery	30% of negotiated fee	All charges except \$380 per day
• Emergency Room	30% of negotiated fee plus \$100 (waived if admitted)	50% of customary and reasonable fees plus all excess charges plus \$100 (waived if admitted)
• Ambulance	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Home Health Care	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Mental Health Services	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Chiropractic Care	30% of negotiated fee (\$500 benefit per year)	50% of negotiated fee plus all excess charges (\$500 benefit per year)
• Acupuncture / Acupressure	Not Covered	Not Covered
• Inpatient Co-payment	30% of negotiated fee	All charges except \$650 per day
• Maternity Care	Not Covered	Not Covered
• Inpatient Mental Health	30% of negotiated fee	50% of negotiated fee plus all excess charges
• Chemical Dependency	30% of negotiated fee	50% of negotiated fee plus all excess charges

[▶ EXCLUSIONS & LIMITATIONS](#)
[▶ PROVIDER DIRECTORY](#)

This plan also available in \$1500, \$2500 and \$5000 deductibles