Plan Design For: Dove Technologies
Plan Name: Base Plan
Effective Date: September 1, 2022

The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
MEDICAL AND SURGICAL BENEFITS		
Deductible (Embedded*)	$3,500 Individual / $7,000 Family	$8,000 Individual / $16,000 Family
Coinsurance (Shown as percentages below)	$5,050 Individual / $10,100 Family	$10,000 Individual / $20,000 Family
Standard Out-of-Pocket Includes Deductible and Coinsurance	$8,550 Individual / $17,100 Family	$18,000 Individual / $36,000 Family
Standard Out-of-Pocket: Allowable charges for Coinsurance are paid at 100% after the Standard Out-of-Pocket is met.		
In-Network Maximum Out-of-Pocket Includes Deductible, Co-pays and Coinsurance	$8,550 Individual / $17,100 Family	
Physician Services in the Office Excluding Obstetrical Delivery, Dialysis Treatment, Chemotherapy, Radiation and Second Surgical Opinion Includes allergy injections	$35 Primary Care Co-pay, then 100% $60 Specialist Co-pay, then 100% Primary Care = General, Family Doctor, Pediatrician, Internist, OB/GYN	Deductible, 50%
Blue CareOnDemand SM	$25 Co-pay, then 100%	Not Covered
Other Physician Services Inpatient / Outpatient hospital, anesthesia services, radiology, chemotherapy, dialysis, pathology, obstetrical delivery, initial newborn pediatric exam and all other outpatient / office services	Deductible, 70%	Deductible, 50%
Wellness Benefits – *Based on the Health Care Reform Guidelines refer to www.healthcare.gov*	100%	Not Covered
Sustained Health Services ($300 annual maximum)	$35 Co-pay, then 100%	Not Covered
Annual Physicals and Sustained Health Services are only covered at a Primary Care Provider.		
Inpatient Facility Charges	$350 Co-pay, then 70%	$500 Co-pay, then 50%
Skilled Nursing Facility Charges (60 days per year)	$350 Co-pay, then 70%	$500 Co-pay, then 50%
Outpatient Facility Charges	Deductible, 70%	Deductible, 50%
Other Services Physical / Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 70%	Deductible, 50%
Chiropractic Benefits ($500 annual maximum)	Deductible, 50%	Deductible, 50%
Ambulance	Deductible, 70%	In-Network Deductible, 70%
Urgent Care	$60 Co-pay, then 100%	Deductible, 50%
Emergency Room Facility Charges **	Deductible, 70%	Deductible, 70%
Emergency Room Professional Charges **	Deductible, 70%	Deductible, 70%
**Out-of-Network Emergency Facility and Professional charges are subject to In-Network Coinsurance and/or Co-pay and Out-of-Network Benefit Year Deductible and Out-of-Pocket.		
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS		
Inpatient Facility Charges	$350 Co-pay, then 70%	$500 Co-pay, then 50%
Inpatient Professional Charges	Deductible, 70%	Deductible, 50%
Outpatient Facility Charges	Deductible, 70%	Deductible, 50%
Outpatient Professional Charges	Deductible, 70%	Deductible, 50%
Emergency Room Facility Charges	Deductible, 70%	In-Network Deductible, 70%
Emergency Room Professional Charges	Deductible, 70%	In-Network Deductible, 70%
Physician Services in the Office	$35 Co-pay, then 100%	Deductible, 50%
PHARMACY BENEFITS		
Prescriptions *Mandatory Generic* (Includes diabetic supplies and oral contraceptives) Retail (31 day supply)*** Mail Order (90 day supply)	 $15 (Generic) / $40 (Preferred) / $70 (Non-Preferred) $25 (Generic) / $90 (Preferred) / $175 (Non-Preferred)	 50% after Co-pay Not Covered
***Member may purchase a 90 day Supply of a Generic Prescription, however 3 Retail Generic co-pays will apply at the time of purchase.		
Specialty Drug – Optum Specialty Pharmacy Only 1-877-259-9428 for inquiries regarding this benefit	$125 Co-pay per 31 day supply	Not Covered
BENEFIT MAXIMUMS		
Annual / Lifetime Maximum	Unlimited	

***Embedded Deductible:** An individual deductible "embedded" within the family deductible. Before the insurance benefits begin the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

IMPORTANT NUMBERS

Customer Service: 1-800-760-9290
Pre-Authorization: 1-800-327-3238
Pre-Authorization for MRI, MRA, PET, CT & CAT scans: 1-866-500-7664
Pre-Authorization for Mental Health and Substance Abuse: 1-800-868-1032