

# HCA Well Care Program Level 2 Plan

HCA WELL CARE PROGRAM LEVEL 2 PLAN			
		DEDUCTIBLE APPLIES	YOU PAY...
ANNUAL DEDUCTIBLE	Individual/Family	—	\$900/\$1,400
OUT-OF-POCKET MAXIMUM	Individual/Family	—	\$5,000/\$10,000
LIFETIME MAXIMUM		—	Unlimited
INPATIENT HOSPITAL SERVICES (applies to facility services only)	HCA-Affiliated Facility <sup>1</sup>	No	\$0
	Non-HCA In-Network or any Out-of-Network Facility <sup>1,2</sup>	Yes	25%
	Non-HCA In-Network or any Out-of-Network Facility <sup>1,3</sup>	Yes	75% <sup>4</sup>
HOSPITAL-BASED PHYSICIANS (radiologist, anesthesiologists, pathologists and hospitalists)	Inpatient and Outpatient	Yes	25%
OUTPATIENT HOSPITAL SERVICES (applies to facility services only; includes X-rays, outpatient and ambulatory surgery)	HCA-Affiliated Facility	No	\$100 copay <sup>4</sup>
	Non-HCA In-Network or any Out-of-Network Facility <sup>1,2</sup>	Yes	25%
	Non-HCA In-Network or any Out-of-Network Facility <sup>1,3</sup>	Yes	75% <sup>4</sup>
PHYSICIAN OFFICE VISIT (routine services)	In-Network	Yes	25%
	Out-of-Network	Yes	75% <sup>4</sup>
PREVENTIVE CARE (physicals, colonoscopy, well-baby and well-woman exams)	In-Network	No	\$0
	Out-of-Network	—	Not covered
OTHER SERVICES (durable medical, non-office physician/surgeon)	In-Network	Yes	25%
	Out-of-Network	Yes	75% <sup>4</sup>
LAB SERVICES: Facility-Based Outpatient (applies to facility services only)	HCA-Affiliated Facility	No	\$0
	All Others	Yes	25%
LAB SERVICES: Physician Office-Based	In-Network Routine	Yes	25%
	In-Network Preventive	No	\$0
	Out-of-Network Routine	Yes	75% <sup>4</sup>
	Out-of-Network Preventive	—	Not covered
EMERGENCY SERVICES (if admitted, inpatient benefits apply; applies to facility services only)	HCA-Affiliated Facility	No	\$100 copay <sup>4</sup>
	Non-HCA, In- or Out-of-Network Facility	No	\$100 copay <sup>4</sup>
MATERNITY CARE (physician charges)	In-Network	Yes	25%
	Out-of-Network	Yes	75% <sup>4</sup>
PRESCRIPTION DRUG BENEFIT	Annual Deductible (Individual/Family)	—	\$150/\$300
	Retail (30-day supply) • Generic • Brand-Name • Coinsurance Maximum	No Yes Yes	\$5 copay <sup>4</sup> 40% <sup>4</sup> \$120 per script <sup>4</sup>
	Mail Order or Retail (90-day supply) • Generic • Brand-Name	For coverage details, log on to <a href="http://HCArewards.com">HCArewards.com</a> , refer to the Summary Plan Description or contact your facility's Human Resources office.	
	Specialty Drugs (30-day supply)	No	\$40 copay <sup>4</sup>

<sup>1</sup> Authorization required

<sup>2</sup> When services are NOT available at an HCA-affiliated or network facility

<sup>3</sup> When services ARE available at an HCA-affiliated or network facility

<sup>4</sup> Does not apply to Out-of-Pocket Maximum