

The MedFlex Select Plan

- Covers 100% of preventive care services provided in-network (according to age and gender)
- Allows coinsurance and copayments to accumulate toward the out-of-pocket maximum
- Does not cover out-of-network benefits except for medical emergencies. Member is responsible for the costs of non-emergency care received out of network
- Plan design allows for members to experience \$0 deductible for both single/family
- Must use providers within the MedFlex Network
- No coinsurance for services obtained at Southwest facilities. Existing copays will remain.

MedFlex Select Plan	Southwest	In-Network	Out-of-Network
	YOU PAY	YOU PAY	YOU PAY
Annual Deductible <i>Individual/Family</i>	\$0/\$0	\$0/\$0	Not Covered
Coinsurance	0%	20%	Not Covered
Annual Out-of-Pocket Maximum <i>Individual/Family</i>	\$4,000/\$8,000	\$4,000/\$8,000	Not Covered
Preventive Care	\$0	\$0	Not Covered
Primary Care Office Visit	\$0 Copay - SGMG Provider	\$20 Copay \$0 Copay - SGMG Provider	Not Covered
Specialist Office Visit	\$0 Copay - SGMG provider	\$40 Copay \$0 Copay - SGMG provider	Not Covered
Diagnostic¹	\$0	\$0	Not Covered
Inpatient Hospital Services	\$250 Copay	\$250 Copay + 20% Coinsurance	Not Covered
Inpatient Surgical Services	\$0	20% Coinsurance	Not Covered
Outpatient Hospital Services	\$0	\$0	Not Covered
Outpatient Surgical Services	\$100 Copay	20% Coinsurance	Not Covered
Emergency Room Care <i>(Waived if admitted)</i>	\$250 Copay		
Infertility Testing/Treatment	50% coinsurance, \$10,000 Lifetime Max	50% coinsurance, \$10,000 Lifetime Max	Not Covered
Urgent Care	\$40 copay	\$40 Copay	Not Covered

¹ Prior authorization is required for all CT, PET and MRI scans

*The birth of a child at Southwest General (only main campus) is covered at 100%.