

Welcome to Open Enrollment 2008!

The chart below lists the provisions of our Health Savings Account (HSA) Medical Plan.

	Altius Peak Qualified High Deductible Health Plan
	Participating Providers Only
Deductible (Single/Family)	\$2,650 / \$5,250
Out of Pocket Maximum (Single/Family) Includes deductible	\$2,650 / \$5,250
Lifetime Maximum	\$3,000,000
Preventive Care Office Visits Includes annual adult physical examinations, annual gynecological examinations, mammograms, well child care, preventive childhood and adult immunizations, preventive blood screening screening, bone density screening, prostate cancer and colorectal cancer screening. <i>Some services you receive during a preventive office visit <u>may not</u> qualify as Designated Preventive Care Services. See plan documents for other preventive services that are subject to deductible.</i>	You Pay Nothing
Office Visits Primary Care Specialists Chiropractic (20 visit limit per member per year) Eye Exams – Optometrist	You Pay Nothing After Deductible (AD)
Prescriptions (Mandatory Generic) Retail Pharmacy (30 days)	You Pay Nothing AD
Diagnostic Lab / X-Ray Minor (in office) Major (including but not limited to CT scans and MRIs)	You Pay Nothing AD
Outpatient Services Outpatient Surgery ◆ Rehabilitation Therapy Home Health Care Durable Medical Equip. (\$5,000 max/year)	You Pay Nothing AD
Inpatient Services Hospital Physician Surgeon & Anesthesiologist	You Pay Nothing AD
Maternity	You Pay Nothing AD
Emergency or Urgent Care Urgent Care (when medically necessary, as determined by Altius) ◇ Emergency Room – Participating & Non-Participating Ambulance (when medically necessary, as determined by Altius)	You Pay Nothing AD
Mental Health Inpatient, Outpatient (Office)	You Pay Nothing AD
Adoption Indemnity Benefit Indemnity benefit for a child placed for adoption with the subscriber within 90 days of birth. The maximum benefit amount is \$4,000 and will be reduced by any applicable deductible, copay and/or coinsurance.	Full Benefit Applies AD

◆ Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 20 provider's office and/or outpatient facility visits of each type per member, per calendar year.

◇ When medically necessary, as deemed by Altius. Inpatient benefit applies when admitted. Outpatient hospital benefit applies to an operating room.