

Preventive Care

Preventive care services are generally covered with no cost-sharing and are not subject to copayments, deductibles or annual limits when received only from an in-network provider. For more information please refer to your official plan documents.

A complete list of preventive care services recommended under the U.S. Preventive Services Task Force (USPSTF) is available online at www.uspreventiveservicestaskforce.org/

Prescription Drug

Traditional Plans

Employer Selects Desired Rx Options
(Six packages available)

High Deductible Health Plans

Rx Coverage Embedded

To learn more about US Health and Life, visit www.ushealthandlife.com

*Plan includes an **Aggregate Deductible**: For family coverage, the entire family deductible must be met prior to any individual family member receiving plan benefits. All other plans include an **Embedded Deductible**: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

For more detailed information, reference plan schedules.

Excess loss insurance policies and EPO/PPO insurance plans underwritten by US Health and Life Insurance Company. SafeGuard plans administered by US Health and Life Insurance Company. © US Health and Life Insurance Company. All rights reserved.

	Plan	Member Share Percentage (AHCN Net/HFN Net/ Out-of-Net)	Member Deductible In-Net Single/Family	Coinsurance Maximum In-Net Single/Family	Copay Office Visit PCP/Specialist
Traditional - Three Tier	SafeGuard Pinnacle \$250	100%/80%/50%	AHCN \$250/\$500 HFN \$1500/\$3000	AHCN N/A HFN \$4850/\$9700	AHCN \$10/\$20 HFN \$20/\$40
	SafeGuard Pinnacle \$500	100%/80%/50%	AHCN \$500/\$1000 HFN \$2000/\$4000	AHCN N/A HFN \$4350/\$8700	AHCN \$10/\$20 HFN \$20/\$40
	SafeGuard Pinnacle \$1000	100%/80%/50%	AHCN \$1000/\$2000 HFN \$2500/\$5000	AHCN N/A HFN \$3850/\$7700	AHCN \$10/\$20 HFN \$20/\$40
	SafeGuard Pinnacle \$2000	100%/80%/50%	AHCN \$2000/\$4000 HFN \$5000/\$10000	AHCN N/A HFN \$1350/\$2700	AHCN \$10/\$20 HFN \$20/\$40
	SafeGuard Peak \$0	80%/60%/50%	AHCN N/A HFN \$1000/\$2000	AHCN \$2500/\$5000 HFN \$5000/\$10000	AHCN \$15/\$30 HFN \$30/\$60
	SafeGuard Peak \$250	80%/60%/50%	AHCN \$250/\$500 HFN \$1500/\$3000	AHCN \$2500/\$5000 HFN \$4850/\$9700	AHCN \$15/\$30 HFN \$30/\$60
	SafeGuard Peak \$500	80%/60%/50%	AHCN \$500/\$1000 HFN \$2000/\$4000	AHCN \$2500/\$5000 HFN \$4350/\$8700	AHCN \$15/\$30 HFN \$30/\$60
	SafeGuard Peak \$1000	80%/60%/50%	AHCN \$1000/\$2000 HFN \$2500/\$5000	AHCN \$2500/\$5000 HFN \$3850/\$7700	AHCN \$15/\$30 HFN \$30/\$60
	SafeGuard Peak \$2000	80%/60%/50%	AHCN \$2000/\$4000 HFN \$5000/\$10000	AHCN \$2500/\$5000 HFN \$1350/\$2700	AHCN \$15/\$30 HFN \$30/\$60
High Deductible Health Plan	SafeGuard HDHP Pinnacle \$1500	100%/80%/50%	AHCN \$1500/\$3000* HFN \$3000/\$6000	AHCN N/A HFN \$750/\$1500	AHCN 100% after deductible HFN 80% after deductible
	SafeGuard HDHP Pinnacle \$2800	100%/80%/50%	AHCN \$2800/\$5600 HFN \$5600/\$11200	AHCN N/A HFN \$750/\$1500	AHCN 100% after deductible HFN 80% after deductible
	SafeGuard HDHP Peak \$1500	80%/60%/50%	AHCN \$1500/\$3000* HFN \$3000/\$6000	AHCN \$2500/\$5000 HFN \$3350/\$6700	AHCN 80% after deductible HFN 60% after deductible
	SafeGuard HDHP Peak \$2800	80%/60%/50%	AHCN \$2800/\$5600 HFN \$5600/\$11200	AHCN \$1700/\$3400 HFN \$750/\$1500	AHCN 80% after deductible HFN 60% after deductible