



PACE HSA Plan Summary

HSA-Qualified HDHP

Annual Deductible: Self Only / Indv / Family	\$1500 / \$2,800 / \$3,000
Maximum Out-Of-Pocket: Self Only / Indv / Family	\$3,000 / \$3,000 / \$6,000
Maximum Lifetime Benefit	None / None
	* Benefit applies to deductible
Hospital Inpatient (all services rendered while hospitalized)	10% per admit *
Outpatient (specialty, routine, eye/hearing exams, and urgent care)	10% per visit / 10% spec *
Well-child preventive care visits (23 months or younger)	No charge
Scheduled prenatal care and first postpartum visit	No charge
Outpatient surgery	10% per procedure *
Allergy Injections / Immunizations	10% per visit *
X-rays and Lab tests	10% per encounter *
Ambulance services	10% per trip *
Emergency department visits	10% per visit *
Outpatient Prescription Drugs (pharmacy and mail order)	\$10 gen / \$30 brand / 20% spec, \$20 gen / \$60 brand MOI *
Days supply	30 days, 30 days spec, 100 days MOI
Mental Health Services	
Inpatient psychiatric care / days per calendar year	10% per admit *
Outpatient individual therapy visits	10% per visit *
Outpatient group therapy visits	10% per visit *
Chemical Dependency Services	
Inpatient detoxification	10% per admit *
Outpatient individual therapy visits	10% per visit *
Outpatient group therapy visits	10% per visit *
Transitional Residential Recovery Services	10% per admit *
Infertility Services	
Covered services related to the diagnosis and treatment of infertility	100% per visit
Additional Benefits	
Supplemental Durable Medical Equipment	10% per item *
Skilled Nursing	10% per admit *
Optical eyewear (frames, lenses, contact lenses)	Not covered
Hearing aids	Not covered
Chiropractic	Not covered
Dental	Not covered
Additional Features	
Email Physician – Patient to Doctor	No charge
Prescriptions ordered online	No additional charge
Schedule Appointment or view personal medical record online	No charge
View Lab results online	No charge
Health Risk Assessment – personal online tool for members	No charge