

# Polaris Industries Inc. High Deductible Health Plan

January 1, 2023

	In network* Bluecard PPO	Out of network**
<b>Calendar year deductible – Non Embedded</b> The in- and out-of-network maximums accumulate together.	Medical and Pharmacy \$1,600 individual \$3,200 family	Medical and Pharmacy \$1,600 individual \$3,200 family
<b>Coinsurance</b>	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
<b>Calendar year Out-of-pocket maximum</b> The in- and out-of-network out-of-pocket maximums accumulate together. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and Pharmacy \$4,350 individual \$8,700 family Individual max in family contract is \$6,900	Medical and Pharmacy \$4,350 individual \$8,700 family
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>well-child care to age 6</li> <li>prenatal care</li> <li>preventive medical evaluations age 6 and older</li> <li>cancer screening</li> <li>preventive hearing and vision exams</li> <li>immunizations and vaccinations</li> </ul>	100% 100% 100% 100% 100% 100%	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
<b>Physician services</b> <ul style="list-style-type: none"> <li>e-visits</li> <li>in-hospital medical visits</li> <li>surgery and anesthesia</li> <li>professional lab services</li> <li>office visits due to illness or injury</li> <li>Specialist office visit</li> <li>urgent care (clinic-based)</li> <li>retail health clinic</li> <li>professional diagnostic imaging</li> <li>allergy injections and serum</li> </ul>	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	No coverage Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>chiropractic manipulation</li> <li>chiropractic therapy</li> <li>home health care</li> <li>physical therapy, occupational therapy, speech therapy</li> </ul>	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
<b>Inpatient hospital services</b>	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
<b>Outpatient hospital services</b> <ul style="list-style-type: none"> <li>facility diagnostic imaging</li> <li>facility lab services</li> <li>chemotherapy and radiation therapy</li> <li>physical, occupational and speech therapy</li> <li>scheduled outpatient surgery</li> <li>urgent care (hospital-based)</li> </ul>	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
<b>Emergency care</b> <ul style="list-style-type: none"> <li>emergency room</li> <li>physician charges</li> <li>ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then you pay 20% coinsurance	
<b>Medical supplies</b>	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
<b>Bariatric surgery</b>	Blue Distinction Center Deductible then you pay 20% coinsurance	Non Blue Distinction Center: Deductible then you pay 40% coinsurance

