

	PPO \$15/\$25 Office; \$100 Hospital		HMO/EPO \$15 Office; \$100 Hospital	Comprehensive PPO \$15/\$25 Office; \$100 Hospital	
<u>BENEFITS</u>	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<u>FINANCIAL:</u>					
Deductible	N/A	\$1,000/\$1,500/\$2,000	None	\$250/\$500/\$750	
Co-Insurance	N/A	80%/20%	None	90%/10%	70%/30%
Cost Share Maximum	N/A	\$2,000/\$3,000/\$4,000	\$1,500/\$2,500	\$1,000/\$1,500/\$2,000	\$2,500/\$3,500/\$5,000
Maximum Lifetime Benefit Per Member	Unlimited	\$1,000,000	Unlimited	Unlimited	\$1,000,000
Gatekeeper Network	No	No	No	No	No
<u>DEPENDENT LIMITING AGE:</u>	19/26		19/26	19/26	
<u>PREVENTIVE CARE:</u>				Deductible Waived	
Physical Examination-Child (standard schedule)	No copay	Ded & Coins.	No copay	No copay	Ded. & Coins.
Physical Examination-Adult (standard schedule)	No copay	Ded & Coins.	No copay	No copay	Ded. & Coins.
Immunization	No copay	Ded & Coins.	No copay	No copay	Ded. & Coins.
<u>OUTPATIENT CARE:</u>					
Physician Office Visits	\$15 copay	Ded & Coins.	\$15 copay	\$15 copay	Ded & Coins.
Specialist Office Visits	\$25 copay	Ded & Coins.	\$15 copay	\$25 copay	Ded & Coins.
Outpatient Surgical Services	\$100 copay	Ded & Coins.	\$100 copay	Ded & Coins	Ded & Coins.
Diagnostic X-Ray or Lab Examination	\$15 copay	Ded & Coins.	\$15 copay	Ded & Coins	Ded & Coins.
PET/CAT/MRI Exams	\$25 copay	Ded & Coins.	\$25 copay	Ded & Coins	Ded & Coins.
Outpatient Rehabilitation	\$15 copay	Ded & Coins.	\$15 copay	Ded & Coins	Ded & Coins.
Physical Therapy/Occupational Therapy	Limited to 50 visits combined per year	Limited to 50 visits per years subject to deductible & coinsurance	Limited to 50 visits combined per year	Limited to 50 visits combined per year	Limited to 50 visits per years subject to deductible & coinsurance
Speech Therapy	Limited to 30 visits combined per year	Limited to 30 visits per years subject to deductible & coinsurance	Limited to 30 visits per year	Limited to 30 visits per year	Limited to 30 visits per years subject to deductible & coinsurance
Prenatal and Postnatal Maternity Care	\$15 initial visit	Ded. & Coins.	\$15 initial visit	\$15 initial visit	Ded. & Coins.
<u>MENTAL HEALTH CARE:</u>					
Outpatient Treatment 60 days per year	\$15 copay	Ded. & Coins.	\$15 copay	Ded & Coins	Ded. & Coins.
Inpatient Treatment 30 days per year	\$100 copay	Ded. & Coins.	\$100 copay	Ded & Coins	Ded. & Coins.
<u>SUBSTANCE ABUSE:</u>					
Detox	7 days max benefit	Ded. & Coins.	7 days max benefit	7 days max benefit	Ded. & Coins.
Outpatient Treatment	\$15 copay, 60 days per year	Ded. & Coins.	\$15 copay, 60 days per year	Ded & Coins, 60 days per year	Ded. & Coins.
Inpatient Treatment	\$100 copay, 30 days per year	Ded. & Coins.	\$100 copay., 30 days per year	Ded & Coins., 30 days per year	Ded. & Coins.
<u>ALLERGY CARE:</u>					
Visits 30 per year	\$15 copay	Ded. & Coins.	\$15 copay	\$15 copay	Ded. & Coins.
Injections	No copay	Ded. & Coins.	No copay	No copay	Ded. & Coins.
<u>HOSPITAL CARE:</u>					
Semi-Private Hospital Room Admission**	\$100 copay		\$100 copay	Ded & Coins	
Skilled Nursing and Rehabilitation Facilities 120 day max	\$100 copay, if admitted from hospital no copay	Ded. & Coins.	\$100 copay, if admitted from hospital no copay	Ded & Coins, if admitted from hospital no additional ded	Ded. & Coins.
<u>HOME HEALTH CARE:</u>	No copay	Ded. & Coins.	No copay	Ded & Coins	Ded. & Coins.
<u>Emergency Care</u>					
Emergency Room (waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Ambulance Services	No copay	No copay	No copay	No copay	No copay
Urgent Care (participating centers only)	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
<u>PRESCRIPTION DRUGS:*</u>					
Drugs	\$5 copay	Ded. & Coins.	\$5 copay	\$5 copay	Ded. & Coins.
Listed Brand Tier 2 Drugs	\$20 copay	Ded. & Coins.	\$20 copay	\$20 copay	Ded. & Coins.
Non-Listed Brand Tier 3 Drugs	\$35 copay	Ded. & Coins.	\$35 copay	\$35 copay	Ded. & Coins.
Mail Order	1.5 x mail copay	N/A	1.5 x mail copay	1.5 x mail copay	N/A
Annual Maximum	Unlimited		Unlimited	Unlimited	

*Managed pharmacy plan: Includes No OTC substitution, mandatory generic, step therapy, maintenance medication 2 refill maximum at retail pharmacy must go to mail order.

**No hospital copay if re admitted within 90 days.