

Health+ Major Medical PPO Plans



	500 PLAN		1,000 PLAN		2,000 PLAN		3,000 PLAN		5,000 PLAN	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE + INDIVIDUAL + FAMILY	\$500 \$1,000	\$1,000 \$2,000	\$1,000 \$2,000	\$2,000 \$4,000	\$2,000 \$4,000	\$4,000 \$8,000	\$3,000 \$6,000	\$6,000 \$12,000	\$5,000 \$10,000	\$10,000 \$20,000
COINSURANCE	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
OUT-OF-POCKET MAXIMUM + INDIVIDUAL + FAMILY	\$1,000 \$2,000	\$2,000 \$4,000	Excludes deductible \$4,500 \$9,000	Excludes deductible \$9,000 \$18,000	Excludes deductible \$8,000 \$16,000	Excludes deductible \$16,000 \$32,000	Excludes deductible \$12,000 \$24,000	Excludes deductible \$24,000 \$48,000	Excludes deductible \$20,000 \$40,000	Excludes deductible \$40,000 \$80,000
ANNUAL ESSENTIAL BENEFIT MAXIMUM	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	
ADULT & CHILD PREVENTIVE SERVICES Adult 100% to max of \$750, then 80% after deductible	100%	60%	100%	60%	100%	60%	100%	50%	100%	50%
PHYSICIAN OFFICE VISITS	\$20 PCP/ \$20 SPC copay	60%	\$25 PCP/ \$45 SPC copay	60%	\$30 PCP/ \$50 SPC copay	60%	\$30 PCP/ \$50 SPC copay	50%	\$30 PCP/ \$50 SPC copay	50%
OUTPATIENT DIAGNOSTIC LAB	80%	80%	80%	80%	80%	80%	70%	50%	70%	50%
OUTPATIENT DIAGNOSTIC X-RAY	80%	60%	80%	60%	80%	60%	70%	50%	70%	50%
GLOBAL MATERNITY SERVICES First visit SPC copay, then coinsurance	\$20 copay; 80%	60%	\$45 copay; 80%	60%	\$50 copay; 80%	60%	\$50 copay; 70%	50%	\$50 copay; 70%	50%
COLONOSCOPIES/ FLEXIBLE SIGMOIDOSCOPIES 100% to plan year max of \$3,000, then coinsurance	100%	60%	100%	60%	100%	60%	100%	50%	100%	50%
PHYSICAL AND OCCUPATIONAL THERAPY Combined plan year max of 30 visits	80%	60%	80%	60%	80%	60%	70%	50%	70%	50%
CHIROPRACTIC CARE Plan year max of \$1,000	\$20 copay	60%	\$45 copay	60%	\$50 copay	60%	\$50 copay	50%	\$50 copay	50%
URGENT CARE SERVICES	\$40 copay	60%	\$45 copay	60%	\$50 copay	60%	\$50 copay	50%	\$50 copay	50%
EMERGENCY ROOM SERVICES Copay waived if admitted	\$150 copay; 80%	\$150 copay; 80%	\$200 copay; 80%	\$200 copay; 80%	\$200 copay; 80%	\$200 copay; 80%	\$200 copay; 70%	\$200 copay; 70%	\$200 copay; 70%	\$200 copay; 70%
INPATIENT HOSPITAL SERVICES	\$300 copay; 80%	\$300 copay; 60%	\$300 copay; 80%	\$300 copay; 60%	\$300 copay; 80%	\$300 copay; 60%	\$300 copay; 70%	\$300 copay; 50%	\$300 copay; 70%	\$300 copay; 50%
ANESTHESIOLOGY SERVICES	80%	In-network deductible; 80%	80%	In-network deductible; 80%	80%	In-network deductible; 80%	70%	In-network deductible; 70%	70%	In-network deductible; 70%
AMBULANCE SERVICES	80%	In-network deductible; 80%	80%	In-network deductible; 80%	80%	In-network deductible; 80%	70%	In-network deductible; 70%	70%	In-network deductible; 70%
PRE-ADMISSION CERTIFICATION Refer to SPD for complete list	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty	\$500 non-compliance penalty
MENTAL HEALTH/SUBSTANCE ABUSE + INPATIENT + OUTPATIENT	80% \$20 copay	60% 60%	80% \$25 copay	60% 60%	80% \$30 copay	60% 60%	70% \$30 copay	50% 50%	70% \$30 copay	50% 50%
PRESCRIPTION DRUG COPAYS	\$50 deductible; waived for generics		\$50 deductible; waived for generics		\$50 deductible; waived for generics		\$50 deductible; waived for generics		\$50 deductible; waived for generics	
Generic	\$10	None	\$20	None	\$20	None	\$25	None	\$25	None
Preferred Brand Drug	\$30		\$45		\$50		\$55		\$55	
Non-Preferred Brand Drug	\$55		\$75		\$80		\$80		\$80	
Mail Order Generic/Preferred/Non-Preferred	\$20/\$60/\$110		\$40/\$90/\$150		\$40/\$100/\$160		\$50/\$110/\$160		\$50/\$110/\$160	
BASIC TERM LIFE INSURANCE	\$10,000 employee-only		\$10,000 employee-only		\$10,000 employee-only		\$10,000 employee-only		\$10,000 employee-only	