

PLAN DESIGNS

	HIGH PLAN		MID PLAN - 100%		MID PLAN - 90%/10%		LOW PLAN	
	POS \$25/40/\$3,000/\$6,000		PPO HSA/HRA \$2,000/\$4,000		PPO HSA/HRA \$2,000/\$4,000		PPO HSA/HRA \$3,000/\$6,000	
	\$25/40 Office		\$2,000/\$4,000 Deductible		\$2,000/\$4,000 Deductible		\$3,000/\$6,000 Deductible	
	\$3,000/\$6,000 HO/OS Ded.		100% After Deductible		90%/10% After Deductible		80%/20% After Deductible	
	\$20/30/40 Rx MACA		Rx Subj. to Ded. Then \$15/25/40		Rx Subj. to Ded. Then \$15/25/40		\$250/\$500 Rx Ded. Then \$15/25/40	
BENEFIT FEATURE	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
Plan Year Deductible -	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000		\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	
Co-insurance -	N/A	70/30%	N/A	70/30%	90%	70/30%	80/20%	60/40%
Co-insurance Maximum -	N/A	\$3,350/\$6,700	N/A	\$4,350/\$8,700	\$4,350/\$8,700	\$4,350/\$8,700	\$3,500/\$6,700	\$3,350/\$6,700
Out-of-Pocket Maximum -	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Lifetime Maximum -	Unlimited		Unlimited		Unlimited		Unlimited	
Primary Care Physician Office Services -	\$25	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Annual Exam - Child	No Charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Annual Exam - Adult	No Charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Routine Well Woman Exam	No Charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Immunizations	No Charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Mammograms - Diagnostic	No Charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Illness & Injury (PCP)	\$25	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Specialist Office Services -	\$40 copay	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Outpatient Surgical Facility Services -	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Lab Examinations -	No charge	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Diagnostic X-Ray -	\$10 copay	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
High Cost Diagnostics - MRI, MRA, CAT, CTA, PET and SPECT scans	\$75 copay to \$375 max.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Inpatient Hospitalization -	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Semi-Private Room & Board								
Emergency Room -	\$100 copay	Same as In-Net	Subject to Ded.	Same as In-Net	Ded. & Coins.	Same as In-Net	Ded. & Coins.	Same as In-Net
Walk-In/Urgent Care Centers -	\$50 copay	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Emergency Ambulance Services -	No charge	Same as In-Net	Subject to Ded.	Same as In-Net	Ded. & Coins.	Same as In-Net	Ded. & Coins.	Same as In-Net
Routine Vision Exam -	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Home Health Services -	No charge	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Outpatient Rehabilitative Therapy -	\$40 copay	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Skilled Nursing and Rehab. Facilities -	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Separate Rx Deductible -	\$0/\$0		Subject to Plan Deductible		Subject to Plan Deductible		\$250/\$500	
Retail Prescription Drugs -	\$20/\$30/\$40/ 20% - \$200 Max	N/A	\$15/\$25/\$40/ 20% - \$200 Max	N/A	\$15/\$25/\$40/ 20% - \$200 Max	N/A	\$15/\$25/\$40/ 20% - \$200 Max	N/A
Mail Order Prescription Drugs -	\$40/60/80	N/A	\$30/50/80	N/A	\$30/50/80	N/A	\$30/50/80	N/A
Prescription Drug Program -	MAC A		MAC A		MAC A		MAC A	

PLAN DESIGNS

	BRONZE PLAN		BRONZE PLAN COPAYS		BRONZE PLAN 100%		BRONZE PLAN 100% COPAYS	
	PPO HSA/HRA \$5,000/\$10,000 \$5,000/\$10,000 Deductible 80/20% After Deductible		PPO HRA \$5,000/\$10,000 \$5,000/\$10,000 Deductible 80/20% After Deductible		PPO HSA/HRA \$5,000/\$10,000 \$5,000/\$10,000 Deductible 100% After Deductible		PPO HRA \$5,000/\$10,000 \$5,000/\$10,000 Deductible 100% After Deductible	
	\$250/\$500 Rx Ded. Then \$15/25/40		\$250/\$500 Rx Ded. Then \$15/25/40		\$250/\$500 Rx Ded. Then \$15/25/40		\$250/\$500 Rx Ded. Then \$15/25/40	
BENEFIT FEATURE	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
Plan Year Deductible -	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Co-insurance -	80/20%	60/40%	80/20%	60/40%	N/A	60/40%	N/A	60/40%
Co-insurance Maximum -	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum -	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000
Lifetime Maximum -	Unlimited		Unlimited		Unlimited		Unlimited	
Primary Care Physician Office Services -	Ded. & Coins.	Ded. & Coins.	\$25	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	\$25	Ded. & Coins.
Annual Exam - Child	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Annual Exam - Adult	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Routine Well Woman Exam	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Immunizations	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Mammograms - Diagnostic	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Illness & Injury (PCP)	Ded. & Coins.	Ded. & Coins.	\$25	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	\$25	Ded. & Coins.
Specialist Office Services -	Ded. & Coins.	Ded. & Coins.	\$40	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	\$40	Ded. & Coins.
Outpatient Surgical Facility Services -	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
Lab Examinations -	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
Diagnostic X-Ray -	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
High Cost Diagnostics - MRI, MRA, CAT, CTA, PET and SPECT scans	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
Inpatient Hospitalization -	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
Semi-Private Room & Board								
Emergency Room -	Ded. & Coins.	Same as In-Net	Ded. & Coins.	Same as In-Net	Subject to Ded.	Same as In-Net	Subject to Ded.	Same as In-Net
Walk-In/Urgent Care Centers -	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
Emergency Ambulance Services -	Ded. & Coins.	Same as In-Net	Ded. & Coins.	Same as In-Net	Subject to Ded.	Same as In-Net	Subject to Ded.	Same as In-Net
Routine Vision Exam -	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.	No charge	Ded. & Coins.
Home Health Services -	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
Outpatient Rehabilitative Therapy -	Ded. & Coins.	Ded. & Coins.	\$40	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	\$40	Ded. & Coins.
Skilled Nursing and Rehab. Facilities -	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.	Subject to Ded.	Ded. & Coins.
Separate Rx Deductible -	\$250/\$500		\$250/\$500		\$250/\$500		\$250/\$500	
Retail Prescription Drugs -	\$15/\$25/\$40/ 20% - \$200 Max	N/A	\$15/\$25/\$40/ 20% - \$200 Max	N/A	\$15/\$25/\$40/ 20% - \$200 Max	N/A	\$15/\$25/\$40/ 20% - \$200 Max	N/A
Mail Order Prescription Drugs -	\$30/50/80	N/A	\$30/50/80	N/A	\$30/50/80	N/A	\$30/50/80	N/A
Prescription Drug Program -	MAC A		MAC A		MAC A		MAC A	