

MEDICAL PLAN COMPARISON

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IN-NETWORK PLAN FEATURES	\$1,250 PPO		\$3,000 PPO	
ANNUAL DEDUCTIBLE				
Individual	\$1,250		\$3,000	
Family	\$2,500		\$6,000	
OUT-OF-POCKET (OOP) MAXIMUM				
Individual	\$2,750		\$6,000	
Family	\$5,500		\$12,000	
BENEFIT DETAILS				
Coinsurance	20%		20%	
Virtual Visits	\$5 Copayment		\$5 Copayment	
Preventive Care	Covered at 100%		Covered at 100%	
Primary Care Physician (PCP)	\$20 Copayment		\$40 Copayment	
Specialist*	\$40 Copayment		\$80 Copayment	
Emergency Room	\$250 Copayment		\$350 Copayment	
Inpatient Hospital	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
Outpatient Hospital	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
Urgent Care	\$20 Copayment		\$40 Copayment	
Outpatient Surgery	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
Lab/X-Ray (Outpatient)	Deductible, 20% Coinsurance		Deductible, 20% Coinsurance	
OUT-OF-NETWORK				
Deductible (Individual / Family)	\$2,500 / \$5,000		\$6,000 / \$12,000	
Coinsurance	40%		40%	
Out-of-Pocket Maximum (OOP) (Individual / Family)	\$5,500 / \$11,000		\$11,000 / \$22,000	
EMPLOYEE BI-WEEKLY COST				
	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee	\$63.00	\$113.00	\$0.00	\$50.00
Employee + Spouse	\$157.00	\$207.00	\$78.00	\$128.00
Employee + Child(ren)	\$122.00	\$172.00	\$48.00	\$98.00
Family	\$251.00	\$301.00	\$128.00	\$178.00

* Referrals may be required for some specialist visits.

** When visiting out-of-network providers, costs may be higher and providers may ask for full payment at time-of-service.

UNDERSTANDING YOUR DEDUCTIBLES

In both the \$1,250 and \$3,000 PPO plans, the individual deductible in addition to the overall family deductible means that an individual participant may reach their deductible and begin having services paid by the plan regardless of whether the family deductible has been met.