

PLAN PROVISION	PPO 1500 Plan*		PPO 2500 Plan*		HDHP 2500 Plan		HDHP 6000 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE Individual / Family	\$1,500 \$4,500	\$3,000 \$9,000	\$2,500 \$7,500	\$5,000 \$15,000	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,700	\$12,000 \$25,400
CO-INSURANCE	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	100% after deductible
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE) Individual / Family	\$3,500 \$10,200	\$7,000 \$20,400	\$4,500 \$10,200	\$9,000 \$20,400	\$2,500 \$5,000	\$10,000 \$15,000	\$6,000 \$12,700	\$12,000 \$25,400
MATERNITY	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	100% after deductible
INPATIENT HOSPITAL	90% after deductible	\$300 copay, then 60% after deductible	80% after deductible	\$300 copay, then 60% after deductible	100% after deductible	\$300 copay, then 60% after deductible	100% after deductible	100% after deductible
OUTPATIENT HOSPITAL	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	100% after deductible
OFFICE VISITS PCP Specialist	\$20 copay \$40 copay	60% after deductible	\$20 copay \$40 copay	60% after deductible	100% after deductible	60% after deductible	100% after deductible	100% after deductible
PREVENTIVE CARE	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	100% after deductible
URGENT CARE	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	100% after deductible
EMERGENCY ROOM	\$150 copay		\$150 copay		100% after deductible		100% after deductible	
INPATIENT MENTAL/ SUBSTANCE	90% after deductible	\$300 copay, then 60% after deductible	80% after deductible	\$300 copay, then 60% after deductible	100% after deductible	\$300 copay, then 60% after deductible	100% after deductible	100% after deductible
OUTPATIENT MENTAL/SUBSTANCE	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	100% after deductible
PRESCRIPTION DRUG Generic Brand Formulary Brand Non-Formulary	\$10 copay \$40 copay \$60 copay	N/A	\$10 copay \$40 copay \$60 copay	N/A	100% after deductible	N/A	100% after deductible	N/A
Specialty (1-mo sup)	80% after deductible	N/A	80% after deductible	N/A	100% after deductible	N/A	100% after deductible	N/A
MAIL ORDER (90 DAY SUPPLY) Generic Brand Formulary Brand Non-Formulary Specialty (1-mo sup)	\$20 copay \$80 copay \$120 copay 80% after deductible	N/A	\$15 copay \$50 copay \$70 copay 80% after deductible	N/A	100% after deductible	N/A	100% after deductible	N/A

\* Rx Out-of-Pocket Maximum: \$1,000 (Individual) / \$3,000 (Family)