

PLAN A and PLAN B COMPARISON

HEALTH PLAN COVERAGE	Plan A - Network	Plan B - Network	Plan A - Non-Network	Plan B - Non-Network
Deductible				
Individual	\$500	\$750	\$1,000	\$1,500
Family	\$500/person	\$750/person	\$1,000/person	\$1,500/person
Out of Pocket				
Individual	\$3,000	\$4,000	\$4,000	\$5,500
Family	\$6,000/family	\$8,000/family	\$8,000/family	\$11,000/family
Co-Pay				
Provider's Office/Primary	\$35/visit (deductible doesn't apply)	\$40/visit (deductible doesn't apply)	40% Coinsurance	50% Coinsurance
Provider's Office/Specialist	\$60/visit (deductible doesn't apply)	\$70/visit (deductible doesn't apply)	40% Coinsurance	50% Coinsurance
Diagnostic Test(x-ray,blood)	\$35/visit (during office visit)	\$40/visit (during office visit)	40% Coinsurance	50% Coinsurance
Urgent Care	\$75/visit (deductible doesn't apply)	\$85/visit (deductible doesn't apply)	40% Coinsurance	50% Coinsurance
Emergency Room	\$250/visit + 20% Coinsurance	\$250/visit + 30% Coinsurance	\$250/visit + 20% Coinsurance	\$250/visit + 30% Coinsurance
Preventative Care				
	No Charge	No Charge	Not Covered	Not Covered
Prescription Coverage				
Generic Drugs (Tier 1)	20% Copay (retail & mail order)	20% Copay (retail & mail order)	20% Copay (retail & mail order)	20% Copay (retail & mail order)
Preferred Drugs (Tier 2)	20% Copay (retail & mail order)	20% Copay (retail & mail order)	20% Copay (retail & mail order)	20% Copay (retail & mail order)
Non-Preferred Drugs (Tier 3)	20% Copay (retail & mail order)	20% Copay (retail & mail order)	20% Copay (retail & mail order)	20% Copay (retail & mail order)
Specialty Drugs (Tier 4)	20% Copay (retail & mail order) Deductible & Out of Pocket apply	20% Copay (retail & mail order) Deductible & Out of Pocket apply	20% Copay (retail & mail order) Deductible & Out of Pocket apply	20% Copay (retail & mail order) Deductible & Out of Pocket apply
RX Out of Pocket	\$1,500 Individual/\$3,000 Family	\$1,500 Individual/\$3,000 Family	\$1,500 Individual/\$3,000 Family	\$1,500 Individual/\$3,000 Family
Other Services				
Outpatient Surgery	20% Coinsurance	30% Coinsurance	40% Coinsurance	50% Coinsurance
Hospital Stay	20% Coinsurance	30% Coinsurance	40% Coinsurance	50% Coinsurance
Emergency Medical Transport	20% Coinsurance	30% Coinsurance	20% Coinsurance	30% Coinsurance
Mental/Behavioral/Substance Health	20% Coinsurance (Inpatient & Outpatient)	30% Coinsurance (Inpatient & Outpatient)	40% Coinsurance (Inpatient & Outpatient)	50% Coinsurance (Inpatient & Outpatient)
Rehabilitation/Home Health/Hospice/Skilled Nursing/Durable Med Equipment	20% Coinsurance	30% Coinsurance	40% Coinsurance	50% Coinsurance