

Single Option PPO – 100/80

MEDICAL BENEFITS	PLAN PROVISIONS	
	In-Network	Out-of-Network
• Deductible	None	\$300 \$700 single
• Out of Pocket Maximum (including deductible)	None	\$3,300
• Lifetime Maximum	Unlimited	Unlimited
PHYSICIAN SERVICES		
• Physician Visits	100% after \$25 copay	80% after deductible
• Specialist office visit	100% after \$25 \$40 copay	80% after deductible
• Preventive Care (Well child care, physical exams)	100%	80% after deductible
• OB/GYN Preventive Care	100%	80% after deductible
• Lab Tests/Diagnostic Imaging	100%	80% after deductible
HOSPITAL SERVICES		
• Hospitalization (room and board)	100%	80% after deductible
• Outpatient Surgery (Lab and Diagnostic Testing)	100%	80% after deductible
• Physician Services	100%	80% after deductible
• Emergency Room Visit	100% after \$25 \$100 copay	100% after \$35 copay
MATERNITY CARE		
• Physician Visits	100% after initial \$25 copay	80% after deductible
• Hospital/Delivery	100%	80% after deductible
PRESCRIPTION DRUGS*		
• Retail (30-day Supply)	\$5/\$25/ \$40 \$50	80% after deductible
• Mail Order (90-day Supply)	\$10/\$50/ \$80 \$100	Not covered

Effective 1/1/2018

Single Option PPO – 90/70 Safety Net
 Effective 1/1/2018

MEDICAL BENEFITS	PLAN PROVISIONS	
	In-Network	Out-of-Network
• Deductible	None \$500 single, \$1,000 non-single	\$500 \$700 single
• Out of Pocket Maximum (including deductible)	\$1,500	\$3,500
• Lifetime Maximum	Unlimited	Unlimited
PHYSICIAN SERVICES		
• Physician Visits	100% after \$25 copay	70% after deductible
• Specialist office visit	100% after \$25 \$40 copay	70% after deductible
• Preventive Care (Well child care, physical exams)	100%	70% after deductible
• OB/GYN Preventive Care	100%	70% after deductible
• Lab Tests/Diagnostic Imaging	90%	70% after deductible
HOSPITAL SERVICES		
• Hospitalization (room and board) Safety Net*	100%	70% after deductible
• Outpatient Surgery (Lab and Diagnostic Testing)	90%	70% after deductible
• Physician Services	90%	70% after deductible
• Emergency Room Visit	90% after \$35 \$100 copay	90% after \$35 copay
MATERNITY CARE		
• Physician Visits	100% after initial \$25 copay	70% after deductible
• Hospital/Delivery Safety Net*	100%	70% after deductible
PRESCRIPTION DRUGS**		
• Retail (30-day Supply)	\$10/\$30/ \$45 \$50	70% after deductible
• Mail Order (90-day Supply)	\$20/\$60/ \$90 \$100	Not covered