

Health Benefit Example Grid

Plan Name
PPO 2500

BenefitCategories	In-Network	Out-of-Network	ShortBenefit
AnnualDeductible	Individual: \$2,500 Family: \$5,000	Individual: \$5,000 Family: \$10,000	I:\$2,500 F:\$5,000
MaximumAnnualCopay	Individual: \$5,000 Family: \$10,000 (Deductible Not Included)	Individual: \$10,000 Family: \$20,000 (Deductible Not Included)	I:\$5,000 F:\$10,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
OfficeVisits	Primary:\$25 Specialist:\$40	50%	\$25/\$40
PrescriptionDrugs	Generic:\$15 Brand Formulary:\$35 Brand Non-Formulary:\$60 (\$250 Brand Deductible)	50%	\$15G \$35BF \$60BNF (\$250 B.Ded)
LaboratoryandRadiology	40%	50%	
AnnualPhysicalExam	No Charge	50%	
AnnualOB-GYNExam	No Charge	50%	
WellBabyCare	No Charge (children age 0-9)	50%	
OutpatientSurgery	40% per day (up to 3 days maximum)	50% up to \$380 per day	
OutpatientMentalHealthServices	40% per visit (30 visits/year)	50% up to \$25 per visit (20 visits/year)	\$100
EmergencyRoom	\$100 (waived if admitted) then 40%	\$100 (waived if admitted) then 40%	
Ambulance	40% per trip for ground, 50% per trip for air	40% per trip for ground, 50% per trip for air	
HomeHealthCare	40% (Limit of 100-4 hour visits)	50% of maximum allowed amount	
ChiropracticCare	40% up to \$30 per visit (30 visits/year)	50% of maximum allowed amount	
Acupuncture/Acupressure	40% up to \$30 per visit (30 visits/year)	50% of maximum allowed amount	
InpatientCo-payment	\$300 per admit (3 days maximum)	50% of maximum allowed amount	\$300/admit (3x)
MaternityCare	Optional Rider Available	Optional Rider Available	\$300/admit (3x)
InpatientMentalHealth	\$300 per admit (3 days maximum)	50% of maximum allowed amount	
ChemicalDependency	\$300 per admit (3 days maximum)	50% of maximum allowed amount	