

## COMPARISON OF MEDICAL PLAN BENEFITS IN-NETWORK COVERAGE

Below is a comparison of medical plan benefits based on in-network coverage. This chart does not replace the medical plan document.

PLAN MEDICAL SERVICES	HSA 1500 w/ Health Savings Account	POS 1000	POS 750	PPO 750 OOA (for out of state employees)
<b>General Deductible (individual/family)</b>	\$1,500/\$3,000 *	\$1,000/\$2,000*	\$750/\$1,500*	\$750/\$1,500*
<b>Out of Pocket Maximum (individual/family)</b>	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>PCP Office Visit</b>	Covered at 80% <sup>AD</sup>	\$30 Copayment	\$25 Copayment	\$25 Copayment
<b>Specialist Visit</b>	Covered at 80% <sup>AD</sup>	\$60 Copayment	\$50 Copayment	\$50 Copayment
<b>LiveHealth Online Office Visit</b>	Covered at 80% AD	\$15 Copayment	\$15 Copayment	\$15 Copayment
<b>Maternity</b>	Covered at 80% <sup>AD</sup>	\$350 Global Copayment**	\$350 Global Copayment**	\$350 Global Copayment**
<b>Inpatient Care</b>	Covered at 80% <sup>AD</sup>	Covered at 80% <sup>AD</sup>	Covered at 85% <sup>AD</sup>	Covered at 85% <sup>AD</sup>
<b>Outpatient Surgery</b>	Covered at 80% <sup>AD</sup>	Covered at 80% <sup>AD</sup>	Covered at 85% <sup>AD</sup>	Covered at 85% <sup>AD</sup>
<b>Emergency Room</b>	Covered at 80% <sup>AD</sup>	Covered at 80% <sup>AD</sup>	Covered at 85% <sup>AD</sup>	Covered at 85% <sup>AD</sup>
<b>Urgent Care Center</b>	Covered at 80% <sup>AD</sup>	\$50 Copayment	\$50 Copayment	\$50 Copayment
<b>Preventive Vision (one per calendar year)</b>	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam	\$15 Copayment for adults; no copayment for pediatric exam
<b>OON<sup>I</sup> Deductible</b>	\$3,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
<b>OON OOP<sup>II</sup> Maximum</b>	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
<b>OON Coinsurance</b>	Covered at 50% <sup>AD</sup>	Covered at 50% <sup>AD</sup>	Covered at 50% <sup>AD</sup>	Covered at 50% <sup>AD</sup>

\*No individual deductible if covering more than one member on the plan

\*\* Global Copayment = Includes prenatal care, delivery, postpartum services, and home health visits. Copayment is in addition to any applicable inpatient hospital coinsurance.

AD = After Deductible

OON = Out-of-Network

OON OOP = Out-of-Network Out-of-Pocket Maximum