

Plan Year or Calendar Year Available For All Plans

Plan	PCP Copay		Specialist Copay	Urgent Care Copay (PCP/Specialist)	ER Copay	Inpatient Hospital Copay	Day Surgery Copay	In-Network Deductible Individual/Family	Out-of-Network Deductible Individual/Family	Member Coinsurance	In-Network Out-of-Pocket Maximum Individual/Family	Out-of-Network Out-of-Pocket Maximum Individual/Family	Rx Deductible	Rx Copay
	Routine Physical Exam	Non-Routine Office Visit												
PPO Premium 10	\$0	\$10	\$10	\$10	\$50	Covered in full	Covered in full	N/A	\$250/\$500	20% out-of-network	N/A	\$1,250/\$2,500	N/A	\$10/\$25/\$45
PPO Choice Copay	\$0	\$15	\$25	\$15/\$25	\$100	Covered in full	Covered in full	N/A	\$500/\$1,000	20% out-of-network	N/A	\$2,500/\$5,000	N/A	\$10/\$25/\$45
PPO Value 15	\$0	\$15	\$15	\$15	\$50	\$250	\$250	N/A	\$500/\$1,000	20% out-of-network	N/A	\$2,500/\$5,000	N/A	\$10/\$25/\$45
PPO Basic 20/500	\$0	\$20	\$20	\$20	\$75	\$500	\$250	N/A	\$750/\$1,500	20% out-of-network	N/A	\$3,750/\$7,500	N/A	\$10/\$30/\$45
PPO Basic 20/750	\$0	\$20	\$20	\$20	\$100	\$750	\$300	N/A	\$750/\$1,500	20% out-of-network	N/A	\$3,750/\$7,500	N/A	\$10/\$30/\$45
PPO Basic 35	\$0	\$35	\$35	\$35	\$100	\$1,000	\$750	N/A	\$1,250/\$2,500	20% out-of-network	N/A	\$6,250/\$12,500	\$100/\$200	\$10/\$30/\$45 after deductible is met
PPO Basic 50	\$0	\$50	\$50	\$50	\$200	\$1,000	\$1,000	N/A	\$1,500/\$3,000	20% out-of-network	N/A	\$7,500/\$15,000	\$250/\$500	\$10/\$30/\$45 after deductible is met
Advantage PPO 250 (100/80)	\$0	\$15	\$25	\$15/\$25	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$250/\$500	\$250/\$500	20% out-of-network	\$1,250/\$2,500*	\$4,000/\$8,000	N/A	\$10/\$30/\$45
Advantage PPO 500 (100/80)	\$0	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$500/\$1,000	\$500/\$1,000	20% out-of-network	\$1,500/\$3,000*	\$4,000/\$8,000	N/A	\$10/\$30/\$45
Advantage PPO 1000 (100/80)	\$0	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$1,000/\$2,000	\$1,000/\$2,000	20% out-of-network	\$2,000/\$4,000*	\$4,000/\$8,000	N/A	\$10/\$30/\$45
Advantage PPO 1500 (100/80)	\$0	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$1,500/\$3,000	\$1,500/\$3,000	20% out-of-network	\$2,500/\$5,000*	\$6,000/\$12,000	N/A	\$10/\$30/\$45
Advantage PPO 2000 (100/80)	\$0	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$2,000/\$4,000	\$2,000/\$4,000	20% out-of-network	\$3,000/\$6,000*	\$8,000/\$16,000	N/A	\$10/\$30/\$45
Advantage PPO 2500 (100/80)	\$0	\$25	\$50	\$25/\$50	\$200	Covered in full after deductible is met	Covered in full after deductible is met	\$2,500/\$5,000	\$2,500/\$5,000	20% out-of-network	\$3,500/\$7,000*	\$10,000/\$20,000	N/A	\$10/\$30/\$45
Advantage PPO 500 (90/70)	\$0	\$15	\$25	\$25	\$100	10% after deductible is met in-network	10% after deductible is met	\$500/\$1,000	\$500/\$1,000	10% in-network 30% out-of-network	\$3,000/\$6,000	\$5,000/\$10,000	N/A	\$10/\$30/\$45
Advantage PPO 1000 (80/60)	\$0	\$15	\$25	\$25	\$100	20% after deductible is met in-network	20% after deductible is met	\$1,000/\$2,000	\$1,000/\$2,000	20% in-network 40% out-of-network	\$4,000/\$8,000	\$6,000/\$12,000	N/A	\$10/\$30/\$45
Advantage PPO 2000 (80/60)	\$0	\$15	\$25	\$25	\$100	20% after deductible is met in-network	20% after deductible is met	\$2,000/\$4,000	\$2,000/\$4,000	20% in-network 40% out-of-network	\$5,000/\$10,000	\$8,000/\$16,000	N/A	\$10/\$30/\$45
Advantage PPO Saver 1500	\$0	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$1,500/\$3,000 Combined		20% out-of-network	\$4,125/\$8,250 Combined		Combined with Medical	\$10/\$30/\$45 after deductible is met
Advantage PPO Saver 2000	\$0	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$2,000/\$4,000 Combined		20% out-of-network	\$5,500/\$11,000 Combined		Combined with Medical	\$10/\$30/\$45 after deductible is met
Advantage PPO Saver 2500	\$0	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$2,500/\$5,000 Combined		20% out-of-network	\$5,950/\$11,900 Combined		Combined with Medical	\$10/\$30/\$45 after deductible is met
Advantage PPO Saver 3000	\$0	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$3,000/\$6,000 Combined		20% out-of-network	\$5,950/\$11,900 Combined		Combined with Medical	\$10/\$30/\$45 after deductible is met

This chart provides benefit highlights for general comparison purposes only. Please see a summary of benefits for more information.

*In-network out-of-pocket maximum includes the in-network deductible only.