

Group, Select, Premium Benefit Summary

Network Coverage	Group Cost Share	Select Cost Share	Premium Cost Share
Office Visits - PCP Specialist MedCenter *Co-pay covers first \$500 of visit, then ded, the co-insurance	80% after Ded. 80% after Ded. \$0 co-pay	\$40 co-pay up to \$500* \$60 co-pay up to \$500* \$0 co-pay	\$25 co-pay up to \$500* \$35 co-pay up to \$500* \$0 co-pay
Deductible - Individual/ Family	\$2,000/ Family - \$4,000	\$700 / Family - \$1,400	\$400 / Family - \$800
Out of Pocket Limit (Incl. ded & co-pays) Individual / Family	\$5,200 / Family- \$10,400	\$3,400 / Family - \$6,800	\$1,800 / Family - \$3,600
Inpatient/Out Patient Services	80% after Ded.	80% after Ded.	80% after Ded.
Preventive Care Well Baby Adult Routine	80% after Ded. 80% after Ded.	100% 100%	100% 100%
Routine Mammograms	100%	100%	100%
Colonoscopy – Non-screening	80% after Ded.	80% Ded. Waived	80% Ded. Waived
Prescription Drug Deductible Individual / Family	\$400 / Family - \$800	\$200 / Family - \$400	\$50 / Family - \$100
Tier 1, 2 & 4 Tier 3 & 5	70% after Ded. 50% after Ded.	80% after Ded. 60% after Ded.	80% of retail 60% of retail
Out of Pocket Max Individual / Family	\$1,400/ Family - \$2,800	\$800/ Family - \$1,600	\$500/ Family - \$1,000