

Carrier	Curative					
Benefit Plan	EPO Plan			PPO Plan		
Network Access	First Health			First Health		
	In-Net With Baseline	In-Net No Baseline	Out-of-Network	In-Net With Baseline	In-Net No Baseline	Out-of-Network
Coinsurance	0%	20%	Not Covered	0%	20%	50%
Calendar Year Deductible (Individual / Family)	\$0	\$5,000/\$10,000	Not Covered	\$0	\$5,000/\$10,000	\$10,000/\$20,000
Maximum Out of Pocket Limits: <i>To include copays, coinsurance any charges that apply to your deductible</i>	\$0	\$7,500/\$15,000	Not Covered	\$0	\$7,500/\$15,000	\$15,000/\$30,000
Physician Office Visit Copay	\$0	\$25	Not Covered	\$0	\$25 after ded	\$50 after ded
Specialist Office Visit Copay	\$0	\$50	Not Covered	\$0	\$50 after ded	\$100 after ded
Preventive Care Services	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Telemedicine	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Urgent Care	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Emergency Room Visit <i>(waived if admitted)</i>	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Hospital Inpatient	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Hospital Outpatient	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Lab & X-Ray	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Skilled Nursing Facility/Inpatient Rehabilitation	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Outpatient Rehabilitation (Chiro, PT, OT, Speech, Pulmonary, Cardiac)	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Mental Health/Substance Abuse - Inpatient	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Mental Health/Substance Abuse - Office Visits	\$0	20% coins after ded	Not Covered	\$0	20% coins after ded	50% coins after ded
Pharmacy - Retail Rx (30 day supply)						
Generic	\$0	\$50 copay after ded	Not Covered	\$0	\$50 copay after ded	50% coins after ded
Preferred Brand	\$0	\$50 copay after ded	Not Covered	\$0	\$50 copay after ded	50% coins after ded
Non-Preferred Brand	\$50/\$250	\$100 copay after ded	Not Covered	\$50/\$250	\$100 copay after ded	50% coins after ded
Specialty	\$0	\$50 copay after ded	Not Covered	\$0	\$50 copay after ded	50% coins after ded
Non Preferred Specialty	\$50/\$250	25% coins after ded	Not Covered	\$50/\$250	25% coins after ded	50% coins after ded
Pharmacy - Mail Order (90 day supply)						
Generic	\$0	\$150 copay after ded	Not Covered	\$0	\$150 copay after ded	50% coins after ded
Preferred Brand	\$0	\$150 copay after ded	Not Covered	\$0	\$150 copay after ded	50% coins after ded
Non-Preferred Brand	\$50/\$250	\$300 copay after ded	Not Covered	\$50/\$250	\$300 copay after ded	50% coins after ded
Specialty Medications						
Rx Contain Program (Income below \$100k)	NA	NA	NA	NA	NA	NA
Retail Pharmacy (30 Day)	NA	NA	NA	NA	NA	NA
Mail Order (90 Day)	NA	NA	NA	NA	NA	NA
Employee Only	\$526.53			\$619.68		
Employee Plus Child	\$899.01			\$1,058.07		
Employee Plus Spouse	\$1,444.84			\$1,700.46		
Family	\$1,778.88			\$2,093.61		