

## SAMPLE COVERAGE BY HEALTH PLAN

Choose a plan when you are a new employee, during Open Enrollment, or following a qualifying status change.





Sample Service	Stand Individual	ard HMO Family	High Dedu Individual	ı <b>ctible HMO</b> Family	
Preventive-Routine	\$0	\$0	\$0	\$0	
Specialist Visit	\$40/visit	\$40/visit		20% after deductible	
Emergency Room	\$100/visit	\$100/visit		20% after deductible	
Hospital	\$250/adm	\$250/admission		20% after deductible	
Expenses					
Deductible	\$0	\$0	\$1,700	\$3,400	
Out-of-Pocket Max.	\$1,500	\$3,000	\$3,000	\$6,000	
Global Out-of-Pocket	\$10,150	\$20,300	\$3,000	\$6,000	

Standa Individual	rd HMO Family	<b>High Dedu</b> Individual	ctible HMO Family
\$20/visit		20% after	deductible
\$40/visit		20% after deductible	
\$100/visit		20% after deductible	
\$250/admission		20% after deductible	
\$0	\$0	\$1,700	\$3,400
\$1,500	\$3,000	\$3,000	\$6,000
\$10,150	\$20,300	\$3,000	\$6,000
	Individual \$20/visit \$40/visit \$100/visit \$250/adm \$0 \$1,500	\$20/visit \$40/visit \$100/visit \$250/admission \$0 \$0 \$1,500 \$3,000	Individual Family Individual   \$20/visit 20% after   \$40/visit 20% after   \$100/visit 20% after   \$250/admission 20% after   \$0 \$0   \$1,700   \$1,500 \$3,000   \$3,000





Sample Service	<b>Stand</b> Individua	lard PPO I Family	<b>High Ded</b> ı Individual	u <b>ctible PP0</b> Family
Preventive-Routine	\$15/visit		No copay s	subject to CYD
Specialist Visit	\$25/visit		CYD + 20%	6 coinsuran
Emergency Room	\$100/visit: 80/60%*		CYD + 20% coinsuran	
Hospital	\$250 ded + 20% coins		CYD + 20/40% coins*	
Expenses				
Deductible Network	\$250	\$500	\$1,700	\$3,400
Deductible Non-Net	\$750	\$1,500	\$2,500	\$5,000
Global Network	\$10,150	\$20,300	\$4,700	\$9,400

Sample Service	<b>Choi</b> d Individual	ce HMO Family	<b>High Dedu</b> Individual	i <b>ctible HMO</b> Family	
Preventive-Routine	\$0		20% after 6	eligible expense	
Specialist Visit	\$40/visit		20% after e	eligible expense	
Emergency Room	\$100/visit		20% after eligible expense		
Hospital	\$250/admission		20% after eligible expense		
Expenses					
Deductible	NA	NA	\$1,700	\$3,400	
Out-of-Pocket Max.	\$1,500	\$3,000	\$3,000	\$6,000	
Global Out-of-Pocket	\$10,150	\$20,300	\$3,000	\$6,000	

\* Network/Non-Network