

# PRODUCT OFFERINGS

## HEALTH ALLIANCE PLAN BENEFIT COMPARISON ALLIANCE REFORM GROUP PLANS (2 to 50) PPO/EPO

	High Option PPO/EPO Plan E		Mid-Level Option PPO/EPO Plan F		Mid-Level Option PPO/EPO Plan N	
	IN-NETWORK	OUT-OF-NETWORK (PPO Only)	IN-NETWORK	OUT-OF-NETWORK (PPO Only)	IN-NETWORK	OUT-OF-NETWORK (PPO Only)
<b>Benefit Period</b>	<b>Calendar</b>		<b>Calendar</b>		<b>Calendar</b>	
Annual deductibles	\$0 Individual \$0 Family	\$500 Individual \$1,000 Family	\$300 Individual \$600 Family	\$600 Individual \$1,200 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
Coinsurance	100%	70%	90%	70%	100%	70%
Coinsurance maximums	\$0 Individual \$0 Family	\$3,000 Individual \$6,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$0 Individual \$0 Family	\$6000 Individual \$12000 Family
Lifetime maximum per covered individual (combined in- and out- of network)	\$5 million		\$5 million		\$5 million	
<b>Preventive</b>						
Office visit (Preventive)... Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	\$15 copay	Not covered	\$20 copay	Not covered	\$35 copay	Not covered
Immunizations, related lab tests & x-rays, pap smears & mammograms	100%	Not covered	100%	Not covered	100%	Not covered
<b>Outpatient Services</b>						
Office visit (Outpatient)	\$15 copay	70% after deductible	\$20 copay	70% after deductible	\$35 copay	70% after deductible
Outpatient surgery and related services	100%	70% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
Chiropractic, Eye exams & Audiology exams	\$15 copay then 100%	70% after deductible	\$20 copay then 100%	70% after deductible	\$35 copay then 100%	70% after deductible
<b>Inpatient Services</b>						
Inpatient, Labor/delivery, Mental health, Chemical dependency	100%	70% after deductible	90% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Emergency Services</b>						
Emergency care	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$150 copay	\$150 copay
Urgent care	\$30 copay	\$30 copay	\$40 copay	\$40 copay	\$50 copay	\$50 copay
<b>Prescription Drugs</b>						
Rx options	\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx		\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx		\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% co-insurance** No Rx	

\*\* Rx options: **50% co-insurance** (\$10 min/\$100 max per fill)

**NOTE: The above comparisons are to be used for general reference only. Please refer to individual benefit summaries for benefit levels for each service**

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## HEALTH ALLIANCE PLAN BENEFIT COMPARISON ALLIANCE REFORM GROUP PLANS (2 to 50) PPO/EPO

	Mid-Level Option PPO/EPO Plan G		Standard Option PPO/EPO Plan L		Standard Option PPO/EPO Plan P	
	IN-NETWORK	OUT-OF-NETWORK (PPO Only)	IN-NETWORK	OUT-OF-NETWORK (PPO Only)	IN-NETWORK	OUT-OF-NETWORK (PPO Only)
<b>Benefit Period</b>	<b>Calendar</b>		<b>Calendar</b>		<b>Calendar</b>	
Annual deductibles	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family
Coinsurance	80%	60%	80%	60%	100%	50%
Coinsurance maximums	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family	\$0 Individual \$0 Family	\$3,000 Individual \$6,000 Family
Lifetime maximum per covered individual (combined in- and out- of network)	\$5 million		\$5 million		\$2 million	
<b>Preventive</b>						
Office visit (Preventive)... Periodic physical exams, well baby/child exams, immunizations, routine eye and hearing exams	\$25 copay	Not covered	\$30 copay	Not covered	\$45 copay	Not covered
Immunizations, related lab tests & x-rays, pap smears & mammograms	100%	Not covered	100%	Not covered	100%	Not covered
<b>Outpatient Services</b>						
Office visit (Outpatient)	\$25 copay	60% after deductible	\$30 copay	60% after deductible	\$45 copay	50% after deductible
Outpatient surgery and related services	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
Chiropractic, Eye exams & Audiology exams	\$25 copay then 100%	60% after deductible	\$30 copay then 100%	60% after deductible	\$45 copay then 100%	50% after deductible
<b>Inpatient Services</b>						
Inpatient, Labor/delivery, Mental health, Chemical dependency	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$500 In-Patient copay per admission after deductible, then 100%	50% after deductible
<b>Emergency Services</b>						
Emergency care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$200 copay	\$200
Urgent care	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$65 copay	\$65 copay
<b>Prescription Drugs</b>						
Rx options	\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx		\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx		\$15/\$50/\$50	

\*\* Rx options: **50% co-insurance** (\$10 min/\$100 max per fill)

**NOTE: The above comparisons are to be used for general reference only. Please refer to individual benefit summaries for benefit levels for each service**