

# PRODUCT SOLUTIONS

	COMPREHENSIVE SOLUTIONS			FLEXIBLE SOLUTIONS		
	PLAN AF	PLAN AG	PLAN AE	PLAN AH	PLAN AO	PLAN AB
Benefit Period	Calendar	Calendar	Fiscal	Fiscal	Fiscal	Fiscal
Annual deductibles	None	None	None	\$200 Individual \$400 Family	None	None
Member co-insurance	None	None	None	None	None	25%
Co-insurance maximums*	NA	NA	NA	NA	NA	\$1000 Individual \$2000 Family
Per admission copay maximums	NA	NA	\$750 Individual \$1000 Family	NA	\$1000 Individual \$2000 Family	NA
<b>Preventive</b>						
Office visits (preventive), related to periodic physical exams and well baby exams	\$10 copay	\$15 copay	\$20 copay	\$10 copay	\$25 copay	\$15 copay
Immunizations, related lab tests & x-rays, pap smears & mammograms	Covered	Covered	Covered	Covered	Covered	Covered
<b>Outpatient Services</b>						
Office visit (PCP or Specialist)	\$10 copay	\$15 copay	\$20 copay	\$10 copay after deductible	\$25 copay	\$15 copay
Outpatient surgery and related services	Covered	Covered	Covered	\$50 copay after deductible	Covered	25%
<b>Inpatient Services</b>						
Inpatient, Labor/Delivery, Mental Health, Chemical Dependency	Covered	\$250 copay per admission	\$250 copay per admission	Covered after deductible	\$500 In-Patient copay per admission	25%
<b>Emergency Services</b>						
Emergency care	\$50 copay	\$75 copay	\$50 copay	\$50 copay after deductible	\$75 copay	\$50 copay
Urgent care	\$10 copay	\$15 copay	\$35 copay	\$25 copay after deductible	\$50 copay	\$15 copay
<b>Additional Benefits</b>						
Hearing aids/ Eyeglasses/Contact lens	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs</b>						
Rx options Generic/ Preferred Brand / Non Preferred Brand	\$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% 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% coinsurance** No Rx	\$10/\$20/\$40 \$10/\$30/\$50 \$10/\$40/\$40 \$10/\$60/\$60 \$15/\$60/50%** 50% coinsurance** No Rx

\* Co-insurance on certain services do not accumulate toward the co-insurance maximums. Please refer to individual benefit summaries for details

\*\* Rx options: 50% coinsurance (\$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 specific benefit levels for each service

# PRODUCT SOLUTIONS

## FLEXIBLE SOLUTIONS

## HEALTHY SOLUTIONS

PLAN AC	PLAN AN	PLAN AD	PLAN AI	PLAN AA	PLAN AZ	PLAN AY
Calendar	Calendar	Calendar	Calendar	Fiscal	Calendar	Fiscal
None	None	None	\$500 Individual \$1000 Family	None	None	\$500 Individual \$1000 Family
25%	None	30%	None	20%	None	None
\$1000 Individual \$2000 Family	NA	\$1500 Individual \$3000 Family	NA	\$1500 Individual \$3000 Family	NA	NA
NA	\$1000 Individual \$2000 Family	NA	NA	NA	\$900 per member	\$900 per member
\$20 copay	\$20 copay	\$20 copay	\$15 copay	\$25 copay	\$15 copay	\$30 copay
Covered	Covered	Covered	Covered	Covered	Covered	Covered
\$20 copay	\$20/\$40 copay	\$20 copay	\$15 copay after deductible	\$25/\$35 copay	\$15/\$30 copay	\$30/\$50 copay
25%	Covered	30%	\$100 copay after deductible	20%	Covered	\$100 copay after deductible
25%	\$1000 In-Patient copay per admission	30%	\$250 In-Patient copay per admission after deductible	20%	\$300 In-Patient copay per admission	\$300 In-Patient copay per admission after deductible
\$50 copay	\$100 copay	\$75 copay	\$100 copay after deductible	\$100 copay	\$75 copay	\$100 copay
\$35 copay	\$50 copay	\$35 copay	\$50 copay after deductible	\$35 copay	\$40 copay	\$50 copay
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
\$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% 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% coinsurance** No Rx	Generic: \$10 copay/ Preferred Brand: Plan Pays 75% and Claimant pays no less than \$30 and no more than \$60/ Non-Preferred Brand: Plan pays 50% Claimant pays no less than \$60 and no more than \$120	Generic: \$10 copay/ Preferred Brand: Plan Pays 75% and Claimant pays no less than \$30 and no more than \$60/ Non-Preferred Brand: Plan pays 50% Claimant pays no less than \$60 and no more than \$120

\* Co-insurance on certain services do not accumulate toward the co-insurance maximums. Please refer to individual benefit summaries for details

\*\* Rx options: 50% coinsurance (\$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