

	Copay Plans		High Deductible Plans	HSA Plans	Value Plans
	Elite Plans with Office Copay	Premium Plans with Office Copay	Elite Plans without Office Copay	Wellness HSA Plans	Value Plans
<b>Network</b>	SuperMed	SuperMed	SuperMed	SuperMed	SuperMed
<b>Plan Type</b>	PPO	PPO	PPO	PPO	PPO
<b>Deductible</b>	\$500; \$1,000; \$1,500, \$2,500 (2x for Family)	\$500; \$1,000; \$1,500; \$2,500 (2x for Family)	\$2,500; \$5,000; \$10,000 (2x for Family)	\$1,500; \$2,500; \$3,000; \$5,000 (2x for Family)	Individual: \$500; \$1,000; \$1,500 (2x for Family)
<b>Co-insurance</b>	80%	80%	100%	100%	70%
<b>Co-insurance Out-Of-Pocket Maximum</b>	\$2,500 (2x for Family)	\$10,000 (2x for Family)	N/A	N/A	<b>\$500 ded:</b> \$3,500; <b>\$1,000 ded:</b> \$4,000; <b>\$1,500 ded:</b> \$4,500 (2x for Family)
<b>Doctor Visit</b>	<b>Office Visit:</b> \$30 copay, then 100% <b>Specialty Visit:</b> \$40 copay, then 100% <b>Urgent Care:</b> \$50 copay then 100%	<b>Office Visit:</b> \$40 copay, then 100% <b>Specialty Visit:</b> \$50 copay, then 100% <b>Urgent Care:</b> \$75 copay, then 100%	<b>Office Visit:</b> 100% after deductible <b>Urgent Care:</b> 100% after deductible	<b>Office Visit:</b> 100% after deductible <b>Urgent Care:</b> 100% after deductible	<b>Office Visit:</b> 70% after deductible <b>Urgent Care:</b> 70% after deductible
<b>Preventive Services</b>	80% after deductible	80% after deductible	100% after deductible	100%	70% after deductible
<b>Life Time Maximum</b>	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000
<b>Prescription Drugs</b>	\$250 deductible, 80% after deductible, \$2,000 annual maximum	\$250 deductible, 80% after deductible, \$2,000 annual maximum	\$250 deductible, 80% after deductible, \$2,000 annual maximum	100% after deductible	\$15 copay – generic only, \$500 annual maximum
<b>Emergency Visit</b>	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Inpatient Services</b>	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Outpatient Services (include physical therapy, occupational therapy, speech therapy, cardiac rehab, chiro services)</b>	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Diagnostic Services (lab, x-ray)</b>	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
<b>Optional Coverage</b>	\$15/\$30/\$60 Copay Rx, Maternity, Dental, Vision, Life	\$15/\$30/\$60 Copay Rx, Maternity, Dental, Vision, Life	\$15/\$30/\$60 Copay Rx, Maternity, Dental, Vision, Life	Dental, Vision, Life	Dental, Vision, Life

- All benefits listed are based on use of SuperMed network provider.
- Benefit grid is intended to be high level summary of plan offerings. For complete benefit details please refer to your certificate of coverage, or contact your independent insurance broker for additional details.