



|   | 90% Standard Plans   | 80% Standard Plans   | High Deductible Plans   | 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>   | \$750; \$1,500<br>(2x for Family)  | \$750; \$1,500; \$2,500,<br>\$3,500<br>(2x for Family)   | \$2,000; \$4,000;<br>\$7,500<br>(2x for Family)   | \$1,750; \$2,500;<br>\$3,500; \$5,000<br>(2x for Family)                                | Individual: \$750;<br>\$1,500; \$2,500<br>(2x for Family)                                |
| <b>Co-insurance</b>   | 90%  | 80%  | 100%  | 100%  | 70%  |
| <b>Network Co-insurance Out-Of-Pocket Maximum</b>   | \$1,750<br>(2x for Family)   | \$3,000<br>(2x for Family)   | N/A   | N/A   | \$10,000<br>(2x for Family)  |
| <b>Doctor Visit</b>   | <b>Office Visit:</b> \$35 copay, then 100%<br><b>Specialty Visit:</b> \$45 copay, then 100%<br><b>Urgent Care:</b> \$75 copay, then 100% | <b>Office Visit:</b> \$35 copay, then 100%<br><b>Specialty Visit:</b> \$45 copay, then 100%<br><b>Urgent Care:</b> \$75 copay, then 100% | <b>Office Visit:</b> 100% after deductible<br><b>Urgent Care:</b> 100% after deductible | <b>Office Visit:</b> 100% after deductible<br><b>Urgent Care:</b> 100% after deductible | <b>Office Visit:</b> \$50 copay, then 100%<br><b>Urgent Care:</b> \$100 copay, then 100% |
| <b>Preventive Services</b>  | 100%   | 100%   | 100%  | 100%  | 100%   |
| <b>Life Time Maximum</b>  | \$7,500,000  | \$7,500,000  | \$7,500,000   | \$7,500,000   | \$7,500,000  |
| <b>Prescription Drugs</b>   | \$15 Generic/\$35 Formulary/\$50% Non-Formulary  | \$15 Generic/\$35 Formulary/\$50% Non-Formulary  | \$15 Generic/\$35 Formulary/\$50% Non-Formulary   | 100% after deductible   | \$15 copay – Generic only, \$500 annual maximum  |
| <b>Emergency Visit</b>  | 90% after deductible   | 80% after deductible   | 100% after deductible   | 100% after deductible   | 70% after deductible   |
| <b>Inpatient Services</b>   | 90% 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>  | 90% after deductible   | 80% after deductible   | 100% after deductible   | 100% after deductible   | 70% after deductible   |
| <b>Diagnostic Services (lab, x-ray)</b>   | 90% after deductible   | 80% after deductible   | 100% after deductible   | 100% after deductible   | 70% after deductible   |
| <b>Optional Coverage</b>  | Dental, Vision   | Dental, Vision   | Dental, Vision  | Dental, Vision  | Dental, Vision   |

- 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.