Plan	MultiPlan PHCS 10,000 Plan HSA	PHCS Multiplan OAPPO 3500	PHCS Multiplan OAPPO 3500 HSA	PHCS Multiplan OAPPO 4500
Deductible (DED)	Includes \$50/month			
(Per Person/Family Aggregate)	towards HSA card	40500 (47000	40500/47000	44500/40000
In-Network	\$10000/\$20000 \$20000/\$40000	\$3500/\$7000 \$7500/\$15000	\$3500/\$7000 \$7500/\$15000	\$4500/\$9000 \$8500/\$17000
Out-of-Network	\$20000/\$40000	\$7300/\$13000	\$7500/\$15000	\$8300/\$17000
Coinsurance				
(Plan Pays/Member Pays) In-Network	70%/30%	80%/20%	70%/30%	70%/30%
Out-of-Network	50%/50%	50%/50%	50%/50%	50%/50%
Out of Pocket Maximum				
(Per Person/Family Aggregate)				
In-Network	\$12000/\$24000 \$24000/\$48000	\$7350/\$14700 \$17500/\$35000	\$7000/\$14000 \$17500/\$35000	\$8150/\$16300 \$20000/\$40000
Out-of-Network	\$24000/\$48000	\$17500/\$35000	\$17500/\$35000	\$20000/\$40000
Physician Services	¢0 Constant	¢0.Caranasal	¢0.Co.co.co.co.co.co.co.co.co.co.co.co.co.co	¢0.Co.co.co.co.co.co.co.co.co.co.co.co.co.co
Preventive	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Colonial Life Benefit	<b>Pays \$50</b> (Once a Year)	Pays \$50 (Once a Year)	Pays \$50 (Once a Year	Pays \$50 (Once a Year)
(Health Screening Benefit)  Telemedicine	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay
Office Services-Value Choice PCP	DED+30%	\$0 Copayment	\$0 Copayment	\$0 Copayment
Office Services-Value Choice Specialist	DED+30%	\$20 Copayment	\$20 Copayment	\$20 Copayment
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Office Services-Family Physician	DED+30%	\$40 Copayment	DED+30%	\$40 Copayment
Office Services-Specialist	DED+30%	\$75 Copayment	DED+30%	\$75 Copayment
Colonial Life Benefit	<b>Pays \$25/visit</b> Up to 3 visits/year	Pays \$25/visit Up to 3 visits/year	Pays \$25/visit Up to 3 visits/year	Pays \$25/visit Up to 3 visits/year
(Doctor's Visit Benefit PCP/Specialist)	Op to 3 visits/year	Op to 3 visits/year	Op to 3 visits/year	op to 3 visits/year
Hospital Services	DED 200/	DED 200/	DED 2007	DED 200/
Inpatient	DED+30%	DED+20%	DED+30%	DED+30%
Colonial Life Benefit	Pays \$2500	Pays \$2500	Pays \$2500	Pays \$2500
(Hospital Confinement for Sickness) (Hospital Confinement for Injury)	Pays \$3500	Pays \$3500	Pays \$3500	Pays \$3500
(up to 2 times/year must be different diagnosis)		,.,		, . ,
Outpatient Surgery	DED+30%	DED+20%	DED+30%	DED+30%
Colonial Life Benefit	Pays \$500/Tier 1	Pays \$500/Tier 1	Pays \$500/Tier 1	Pays \$500/Tier 1
(Outpatient Surgery Benefit)-payable up to \$1500/year	Pays \$1000/Tier 2	Pays \$1000/Tier 2	Pays \$1000/Tier 2	Pays \$1000/Tier 2
Emergency Room	DED+30%	DED+20%	DED+30%	DED+30%
Colonial Life Benefit				
(ER Benefit for Sickness)-payable up to twice per year	Pays \$100	Pays \$100	Pays \$100	Pays \$100
(ER Benefit for Injury)-payable per separate incident	Pays \$250	Pays \$250	Pays \$250	Pays \$250
Urgent Care	DED+30%	\$90 Copayment	DED+30%	\$90 Copayment
Diagnostics	DED : 200/	1000/ of sovered	DED : 200/	1000/ of covered charges
Labs & Xrays Quest Diagnostics/Lab Corp	DED+30%	100% of covered charges up to \$500	DED+30%	100% of covered charges up to \$500
Colonial Life Benefit (Xray Benefit for Sickness)-payable up to twice per	Pays \$25	Pays \$25	Pays \$25	Pays \$25
year	Pays \$85	Pays \$85	Pays \$85	Pays \$85
(Xray Benefit for Injury)-payable per separate				
incident				
Advanced Imaging	DED+30%	\$300 copayment	DED+30%	\$300 Copayment
Colonial Life Benefit	Pour ÉFOO	Dove 6500	Dove CEOO	Pour ÉFOO
(Advanced Imaging for Sickness)payable once per	Pays \$500 Pays \$700	Pays \$500 Pays \$700	Pays \$500 Pays \$700	Pays \$500 Pays \$700
year (Advanced Imaging for Injury)payable/separate	. 473 9700	. 4,5 7,00	. 4,5 9,700	. 473 9700
incident				
Pharmacy Drugs				
Deductible	In-Network DED	NA	In-Network DED	NA
Generic Drugs/	DED+30%	\$20	DED+30%	\$20
Preferred Brand Drugs	DED+30%	\$65	DED+30%	\$65
Non Preferred Retail/ Specialty Drugs	DED+30%	\$95/\$200	DED+30%	\$95/\$200
Coverage Level	240.10		ly Rates	E22.4F
Employee	349.10	604.45	497.36	533.45
Employee/Spouse	649.52	1186.81	1056.93	1137.48
Employee/Child(ren)	849.65	1054.44	941.45	1023.39
Family	949.66	1510.61	1395.10	1430.85