

[illegible]



PHCS/ RBP								
Prescription Drug	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible	None	None	None	None	None	None	None	None
Retail (31 Days)	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$65/\$100	\$15/\$65/\$100	Drug Discount Card	Drug Discount Card	Drug Discount Card
Mail Order (90 Days)	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	Drug Discount Card	Drug Discount Card	Drug Discount Card
NON-NETWORK SERVICES	1000 CLASSIC	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC	5000 CLASSIC	3500 HSA	5000 HSA	7350
Coinsurance								
Plan Pays/Member Pays	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	50%/50%	60%/40%
Deductible								
Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$10,000/\$20,000	\$14,700/\$29,400
Out of Pocket Maximum								
Individual/Family	\$10,000/\$20,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$13,100/\$20,000	\$14,700/\$29,400

FIRST HEALTH NETWORK								
IN-NETWORK BENEFITS	1000 CLASSIC	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC	5000 CLASSIC	3500 HSA	5000 HSA	7350
Plan Design	PPO	PPO	PPO	PPO	PPO	PPO HSA	PPO HSA	PPO
Deductible								
Individual / Family	\$1,000/\$2000	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000	\$3,500/\$7,000	\$5,000 / \$10,000	\$7,350/\$14,700
Coinsurance								
Plan Pays /Member Pays	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%
Out-of-Pocket Maximum								
Individual / Family	\$5,000/\$10,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$6,550/\$13,100	\$6,550/\$13,100	\$7,350/\$14,700
Routine Preventive Services (Non Diagnostic)	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived
Inpatient Hospital (patient responsibility)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; dedutible waived Professional: 0% after ded.



FIRST HEALTH NETWORK								
Out Patient Services Surgical Services (Procedure & Anesthesia)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
Free Standing Lab & Diagnostic Services (Lab & x-ray)	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
Complex Diagnositc Services (CT Scan, MRI, Ultra Sound, PET, Nuclear Medicine)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
Emergency Room	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
Urgent Care	\$40 Copay	\$60 Copay	\$60 Copay	\$90 Copay	\$90 Copay	20% after deductible	20% after deductible	\$100 Copay
Primary Care / Specialist	\$20/\$40	\$30/\$60	\$30/\$60	\$45/\$90	\$45/\$90 Copay	20% after deductible	20% after deductible	\$50/\$100 Copay
Telemedicine	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Prescription Drug	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible	None	None	None	None	None	None	None	None
Retail (31 Days)	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$65/\$100	\$15/\$65/\$100	Drug Discount Card	Drug Discount Card	Drug Discount Card
Mail Order (90 Days)	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	Drug Discount Card	Drug Discount Card	Drug Discount Card
NON-NETWORK SERVICES	1000 CLASSIC	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC	5000 CLASSIC	3500 HSA	5000 HSA	7350
Coinsurance	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	50%/50%	60%/40%
Plan Pays/Member Pays								
Deductible	\$2,000/\$4000	\$3,000/\$6000	\$5,000/\$10,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$10,000/\$20,000	\$7,350/\$14,700
Individual/Family								
Out of Pocket Maximum	\$10,000/\$20,000	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$20,000/\$40,000	\$20,000/\$40,000	\$14,700/\$29,400
Individual/Family								

NOTE: Precertification is required for all in-hospital admissions, chemotherapy, diagnostic testing and outpatient surgery. Penalty may apply for not obtaining precertification.

This comparison describes the plan in an easy understood manner and presented as a matter of general information.
The contents are not to be accepted as a substitute for the provision of the plan.