



PPO Plan Summaries 1

Plan Benefits	1000 Classic	1500 Classic	2500 Classic	3500 Classic
Individual Deductible	\$1,000 IN / \$2,000 OUT	\$1,500 IN / \$3,000 OUT	\$2,500 IN / \$5,000 OUT	\$3,500 IN / \$7,000 OUT
Family Deductible	\$2,000 IN / \$4,000 OUT	\$3,000 IN / \$6,000 OUT	\$5,000 IN / \$10,000 OUT	\$7,000 IN / \$14,000 OUT
Individual Max Out of Pocket	\$5,000 IN / \$10,000 OUT	\$7,350 IN / \$14,700 OUT	\$7,350 IN / \$20,000 OUT	\$7,350 IN / \$20,000 OUT
Family Max Out of Pocket	\$10,000 IN / \$20,000 OUT	\$14,700 IN / \$29,400 OUT	\$14,700 IN / \$29,400 OUT	\$14,700 IN / \$29,400 OUT
Preventive Care	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Chiropractic Care Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Primary Care Visit Copay	\$20 Copay	\$30 Copay	\$30 Copay	\$45 Copay
Specialist Care Visit Copay	\$40 Copay	\$60 Copay	\$60 Copay	\$90 Copay
Non Network Primary & Specialist	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible
Telemedicine	Coverage through SwiftMD.com	Coverage through SwiftMD.com	Coverage through SwiftMD.com	Coverage through SwiftMD.com
Laboratory & Diagnostic Services				
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Radiology Services				
Facility (CT/PET/MRI/MRA/SPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Free Standing Facility (x-ray & lab only)	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply
Facility & Professional Services				
Emergency Room - Professional	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Emergency Room - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Inpatient Hospital - Physician Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Outpatient - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Urgent Care Copay	\$40 Copay	\$60 Copay	\$60 Copay	\$90 Copay
Prescription Drug Benefit				
Generic	1-30 day supply \$15 copayment/prescription	1-30 day supply \$15 copayment/prescription	1-30 day supply \$15 copayment/prescription	1-30 day supply \$15 copayment/prescription
Preferred Brand	1-30 day supply \$45 copayment/prescription	1-30 day supply \$45 copayment/prescription	1-30 day supply \$45 copayment/prescription	1-30 day supply \$65 copayment/prescription
Non-Preferred Brand	1-30 day supply \$85 copayment/prescription	1-30 day supply \$85 copayment/prescription	1-30 day supply \$90 copayment/prescription	1-30 day supply \$100 copayment/prescription
Specialty	Tier 1 - \$85 copayment/prescription Tier 2 - 20% copayment/prescription to a \$550 maximum Tier 3 - 20% copayment/prescription to a \$2,000 maximum Tier 4 - 20% copayment/prescription Tier 5 - 50% copayment/prescription	Tier 1 - \$85 copayment/prescription Tier 2 - 20% copayment/prescription to a \$550 maximum Tier 3 - 20% copayment/prescription to a \$2,000 maximum Tier 4 - 20% copayment/prescription Tier 5 - 50% copayment/prescription	Tier 1 - \$85 copayment/prescription Tier 2 - 20% copayment/prescription to a \$550 maximum Tier 3 - 20% copayment/prescription to a \$2,000 maximum Tier 4 - 20% copayment/prescription Tier 5 - 50% copayment/prescription	Tier 1 - \$100 copayment/prescription Tier 2 - 20% copayment/prescription to a \$550 maximum Tier 3 - 20% copayment/prescription to a \$2,000 maximum Tier 4 - 20% copayment/prescription Tier 5 - 50% copayment/prescription

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All Benefits are subject to plan allowables and out of pocket maximums.

* Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%



PPO Plan Summaries 2

Plan Benefits	3500 HSA	5000 Classic	5000 HSA	7350 Value
Individual Deductible	\$3,500 IN / \$7,000 OUT	\$5,000 IN / \$10,000 OUT	\$5,000 IN / \$10,000 OUT	\$7,350 IN / \$14,700 OUT
Family Deductible	\$7,000 IN / \$14,000 OUT	\$10,000 IN / \$20,000 OUT	\$10,000 IN / \$20,000 OUT	\$14,700 IN / \$29,400 OUT
Individual Max Out of Pocket	\$6,550 IN / \$13,100 OUT	\$7,350 IN / \$14,700 OUT	\$6,550 IN / \$13,100 OUT	\$7,350 IN / \$14,700 OUT
Family Max Out of Pocket	\$13,100 IN / \$26,200 OUT	\$14,700 IN / \$29,400 OUT	\$13,100 IN / \$26,200 OUT	\$14,700 IN / \$29,400 OUT
Preventive Care	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Chiropractic Care Copay	Plan pays 80% * (After Deductible)	\$20 Copay	Plan pays 80% * (After Deductible)	\$20 Copay
Primary Care Visit Copay	Plan pays 80% * (After Deductible)	\$45 Copay	Plan pays 80% * (After Deductible)	\$50 Copay
Specialist Care Visit Copay	Plan pays 80% * (After Deductible)	\$90 Copay	Plan pays 80% * (After Deductible)	\$100 Copay
Non Network Primary & Specialist	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 50% after out of network deductible	Plan pays 60% after out of network deductible
Telemedicine	Coverage through SwiftMD.com	Coverage through SwiftMD.com	Coverage through SwiftMD.com	Coverage through SwiftMD.com
Laboratory & Diagnostic Services				
Facility	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Professional Fees	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Radiology Services				
Facility (CT/PET/MRI/MRA/SPECT)	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Professional Fees	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Free Standing Facility (x-ray & lab only)	Plan pays 80% * (After Deductible)	Plan Pays 100% Deductible does not apply	Plan pays 80% * (After Deductible)	Plan Pays 100% Deductible does not apply
Facility & Professional Services				
Emergency Room - Professional	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Emergency Room - Facility	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Inpatient Hospital - Physician Fees	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Inpatient - Facility	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Outpatient - Physician	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Outpatient Hospital - Facility	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)	Deductible then Plan pays 80%
Urgent Care Copay	Plan pays 80% * (After Deductible)	\$90 Copay	Plan pays 80% * (After Deductible)	\$100 Copay
Prescription Drug Benefit				
Generic	1-30 day supply \$15 copayment/prescription	1-30 day supply \$15 copayment/prescription	1-30 day supply \$15 copayment/prescription	1-30 day supply \$15 copayment/prescription
Preferred Brand	1-30 day supply \$65 copayment/prescription	1-30 day supply \$65 copayment/prescription	1-30 day supply \$65 copayment/prescription	1-30 day supply \$65 copayment/prescription
Non-Preferred Brand	1-30 day supply \$100 copayment/prescription	1-30 day supply \$100 copayment/prescription	1-30 day supply \$100 copayment/prescription	1-30 day supply \$100 copayment/prescription
Specialty	Tier 1 - \$100 copayment/prescription after deductible Tier 2 - 20% copayment/prescription to a \$550 maximum after deductible Tier 3 - 20% copayment/prescription to a \$2,000 maximum after deductible Tier 4 - 20% copayment/prescription after deductible Tier 5 - 50% copayment/prescription after deductible	Tier 1 - \$100 copayment/prescription Tier 2 - 20% copayment/prescription to a \$550 maximum Tier 3 - 20% copayment/prescription to a \$2,000 maximum Tier 4 - 20% copayment/prescription Tier 5 - 50% copayment/prescription	Tier 1 - \$100 copayment/prescription after deductible Tier 2 - 20% copayment/prescription to a \$550 maximum after deductible Tier 3 - 20% copayment/prescription to a \$2,000 maximum after deductible Tier 4 - 20% copayment/prescription after deductible Tier 5 - 50% copayment/prescription after deductible	Tier 1 - \$100 copayment/prescription after deductible Tier 2 - 20% copayment/prescription to a \$550 maximum after deductible Tier 3 - 20% copayment/prescription to a \$2,000 maximum after deductible Tier 4 - 20% copayment/prescription after deductible Tier 5 - 50% copayment/prescription after deductible

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