

	Copay Plans		High Deductible Plans	HSA Plans	Value Plans
	Elite Plans w/Office Copay	Premium Plans w/Office Copay	Elite Plans w/o Office Copay	Wellness HSA Plans	Value Plans
Network	SuperMed	SuperMed	SuperMed	SuperMed	SuperMed
Plan Type	PPO	PPO	PPO	PPO	PPO
Deductible	\$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)
Co-insurance	80%	80%	80%	100%	70%
Co-insurance Out-Of-Pocket Maximum	\$2,500 (2x for Family)	\$10,000 (2x for Family)	N/A	N/A	\$500 ded: \$3,500; \$1,000 ded: \$4,000; \$1,500 ded: \$4,500 (2x for Family)
Doctor Visit	Office Visit: \$30 Specialty Visit: \$40 Urgent Care: \$50	Office Visit: \$40 Specialty Visit: \$50 Urgent Care: \$75	Office Visit: 100% after deductible Urgent Care: 100% after deductible	Office Visit: 100% after deductible Urgent Care: 100% after deductible	Office Visit: 70% after deductible Urgent Care: 70% after deductible
Preventive Services	80% after deductible	80% after deductible	100% after deductible	100%	70% after deductible
Life Time Maximum	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000
Prescription Drugs	\$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
Emergency Visit	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Inpatient Services	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Outpatient Services (include physical therapy, occupational therapy, speech therapy, cardiac rehab, chiro services)	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Diagnostic Services (lab, x-ray)	80% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Optional Coverage	\$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.

 	90% Standard Plans	80% Standard Plans	High Deductible Plans	Wellness HSA Plans	Value Plans
Network	SuperMed	SuperMed	SuperMed	SuperMed	SuperMed
Plan Type	PPO	PPO	PPO	PPO	PPO
Deductible	\$750; \$1,500 (2x for Family)	\$750; \$1,500; \$2,500, \$3,500 (2x for Family)	\$2,000; \$4,000; \$7,500 (2x for Family)	\$1,750; \$2,500; \$3,500; \$5,000 (2x for Family)	Individual: \$750; \$1,500; \$2,500 (2x for Family)
Co-insurance	90%	80%	100%	100%	70%
Network Co-insurance Out-Of-Pocket Maximum	\$1,750 (2x for Family)	\$10,000 (2x for Family)	N/A	N/A	\$10,000 (2x for Family)
Doctor Visit	Office Visit: \$35 copay, then 100% Specialty Visit: \$45 copay, then 100% Urgent Care: \$75 copay, then 100%	Office Visit: \$35 copay, then 100% Specialty Visit: \$45 copay, then 100% Urgent Care: \$75 copay, then 100%	Office Visit: 100% after deductible Urgent Care: 100% after deductible	Office Visit: 100% after deductible Urgent Care: 100% after deductible	Office Visit: \$50 copay, then 100% Urgent Care: \$100 copay, then 100%
Preventive Services	100%	100%	100%	100%	100%
Life Time Maximum	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000
Prescription Drugs	\$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
Emergency Visit	90% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Inpatient Services	90% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Outpatient Services (include physical therapy, occupational therapy, speech therapy, cardiac rehab, chiro services)	90% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Diagnostic Services (lab, x-ray)	90% after deductible	80% after deductible	100% after deductible	100% after deductible	70% after deductible
Optional Coverage	Dental, Vision	Dental, Vision	Dental, Vision	Dental, Vision	Dental, Vision

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