

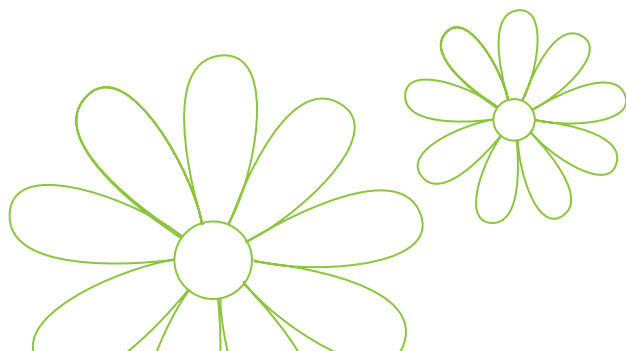
Individual PPO Plan



	PPO 20%		PPO 30%*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Deductible must be met before Coinsurance applies.	\$500, \$750, \$1,000, \$2,000, \$2,500, \$3,500, \$5,000	\$1,000, \$1,500, \$2,000, \$4,000, \$5,000, \$7,000, \$10,000	\$1,000, \$2,000, \$2,500, \$3,500, \$5,000, \$7,500, \$10,000	\$2,000, \$4,000, \$5,000, \$7,000, \$10,000, \$15,000, \$20,000
Coinsurance Out-of-Pocket Maximum	\$2,000, \$4,000	\$4,000, \$8,000	\$4,500	\$9,000
Preventive Care Services	\$0	40%	\$0	50%
Medical Office Visits				
<i>Non-Specialist</i>	\$20	40%	\$25	50%
<i>Specialist</i>	\$40	40%	\$50	50%
Emergency Care	\$200		\$200	
Urgent Care	\$40		\$50	
Hospital Services				
<i>Inpatient & Outpatient</i>	20%	40%	30%	50%
Acupuncture/Chiropractic Services				
<i>\$1,500 Maximum per service, per year</i>	20%	40%	30%	50%
Lifetime Maximum Benefit	Unlimited		Unlimited	
Prescription Drug Benefits	<i>Must use participating pharmacy</i>		<i>Must use participating pharmacy</i>	
<i>Generic</i>	\$10		\$10	
<i>Brand Name Preferred</i>	\$35		\$35	
<i>Brand Name Non-Preferred</i>	\$55		\$55	
<i>Specialty Medications</i>	20%		20%	

*These plans are available for Child-Only coverage.

This summary contains highlights only and is subject to change. The specific terms of coverage are listed in the Evidence of Coverage Handbook, including details on Limitations and Exclusions. Additionally, some services require Prior Authorization.



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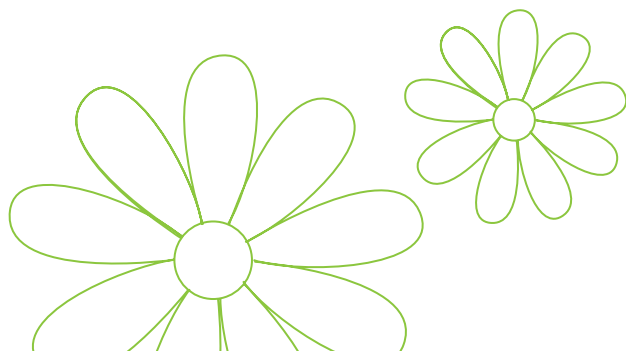
Individual PPO Plan High Deductible Health Plans



	HDHP 0%		HDHP 20%	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible* Deductible must be met before Coinsurance applies.	\$3,500, \$5,000	\$7,000, \$10,000	\$1,200, \$2,600	\$2,400, \$5,200
Coinsurance Out-of-Pocket Maximum	\$3,500, \$5,000	\$7,000, \$10,000	\$2,500, \$5,000	\$5,000, \$10,000
Preventive Care Services	\$0	20%	\$0	40%
Medical Office Visits				
<i>Non-Specialist</i>	0%	20%	20%	40%
<i>Specialist</i>	0%	20%	20%	40%
Emergency Care	0%		20%	
Urgent Care	0%		20%	
Hospital Services				
<i>Inpatient & Outpatient</i>	0%	20%	20%	40%
Acupuncture/Chiropractic Services				
<i>\$1,500 Maximum per service, per year</i>	0%	20%	20%	40%
Lifetime Maximum Benefit	Unlimited		Unlimited	
Prescription Drug Benefits Prescription Drugs are subject to the plan's Annual Deductible.	<i>Must use participating pharmacy</i>		<i>Must use participating pharmacy</i>	
<i>Generic</i>	0%		20%	
<i>Brand Name Preferred</i>	0%		20%	
<i>Brand Name Non-Preferred</i>	0%		20%	
<i>Specialty Medications</i>	0%		20%	

* For Individuals enrolled on an HDHP with Family policy, the Family Deductible must be met prior to Coinsurance being applied.

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