

Additional PPO Plan Offering Effective 1/1/2018

		Alternative PPO Plan	
Benefit Provision	Network	Non Network	
Deductible-Single	\$500	\$2,000	
Deductible-Family	\$1,000	\$4,000	
Coinsurance	80%	50%	
Out of Pocket (including Ded, Excluding medical and RX Copays)			
Single	\$2,500	\$5,000	
Family	\$5,000	\$10,000	
Maximum-Out-Of-Pocket (MOOP-includes all medical and RX copays)			
Single	\$6,600	Unlimited	
Family	\$13,200	Unlimited	
Office Visit Copay	\$15	Ded then Coinsurance	
Specialist Visit	\$40	Ded then Coinsurance	
Preventive Care	100%	Ded then Coinsurance	
Emergency Room		\$150 copay	
Prescription Drug (Retail/Mail)			
Deductible-Single		Not Applicable	
Deductible-Family		Not Applicable	
Generic		\$10/\$20	
Preferred Brand		Ded, then 25%(max of \$40)/ 25%(max of \$80)	
Non-Preferred Brand		Ded, then 25%(max of \$80)/ 25%(max of \$200)	

This is a high level comparison only. For additional plan provisions and details please refer to the benefit plan documents