



PPO Plans

	PPO-\$1,500	PPO - \$5,000
Benefits	In-Network	In-Network
Deductible	\$1,500 EE/\$3,000 Family	\$5,000 EE/\$10,000 Family
Deductible / OOP Max	Embedded	Embedded
Employer Coinsurance	80%	70%
Emergency Room Copay	\$200, then Coinsurance	\$250, then Coinsurance
Office Visit Copay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Specialist Copay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Out of Pocket Maximum (including deductible)	\$3,000 EE/\$6,000 Family	\$6,850 EE/\$13,700 Family
Prescription Deductible	NA	NA
Retail Prescription Copay	\$10 Generic/\$30 Preferred/\$45 Non-Preferred	\$30 Generic/\$45 Preferred/\$60 Non-Preferred
Mail Order Prescription Copay	\$20 Generic/\$60 Preferred/\$90 Non-Preferred	\$60 Generic/\$90 Preferred/\$120 Non-Preferred

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.