

Benefit to Change	Current Benefit Network	Proposed Benefit Network
Lifetime Maximum	unlimited	5,000,000
Individual Deductible	\$200	\$200
Family Deductible	\$600	\$600
Network Coinsurance	95%	90%
Office Visit Copay	\$25, then 95%	\$25, then 90%
Individual OOP	\$1,500	\$1,500
Family OOP	\$4,500	\$4,500
Outpatient Surgery	100%	ded, 90%
Pre-Op Testing	100% ded waived	ded, 90%
Inpatient Hospital	95% ded waived	ded, 90%
ER Expenses	Acc - 80% ded waived; Illness - ded, 80%	ded, 80%
Organ Transplant	\$100,000 per organ max	\$1,000,000 ltm
Physical Therapy	95%, ded waived	\$25 copay, ded, 90% (\$2500 or 26 visit max)
Routine: Mann/Pap/Prostrate/Well Child	100% ded waived	100% ded waived
Spinal Adjustment	\$25 copay (\$500 cym)	\$25 copay, ded, 90% (\$500 CYM)
Rx Drugs:		
Retail		
Generic	\$15 or actual cost	\$15 or actual cost
Name Brand Preferred	\$25	\$25
Name Brand Non-Pref	\$25	\$40
Mail Order		
Generic	\$15	\$30
Name Brand Preferred	\$25	\$75
Name Brand Non-Pref	\$25	\$120