

Sample Plan 1

Inpatient/Outpatient:	
Annual maximum benefit	\$2,500
Annual deductible	\$150
Inpatient:	
Deductible	Subject to annual deductible
Co-insurance	70%
Outpatient Diagnostic & Surgical Services:	
Maximum benefit	Subject to annual maximum
Deductible	Subject to annual deductible
Co-insurance	70%
Emergency Room Visits:	
Maximum benefit	Subject to annual maximum True emergency in the ER is paid same as diagnostic and surgical services Non-emergency in the ER is paid at 50% co-insurance after a \$150 separate deductible per visit
Doctor Office Visits:	
Maximum benefit	Subject to annual maximum
Co-pay for primary care and specialty care office visit deductible	\$20
Balance of charges for physician's time only	100%
Balance of charges for all other expenses in office	70% after annual deductible
Prescription Drugs:	
Maximum benefit	Subject to annual maximum
Co-pay per prescription – generic	\$10
Co-pay per prescription – branded drugs	\$50
PPO Discounts:	
Insurance benefits are the same for in-network and out-of-network PPO discounts apply toward eligible expenses that have exceeded the annual maximum benefit	
In-Network:	
Hospitals: Nationwide average savings 23% Physicians: Nationwide average savings 35%	

This summary briefly describes benefit levels. Specific benefits, rates, conditions and limitations will be provided with your proposal.