

# Sample Plan 3

<b>Inpatient/Outpatient:</b>	
Annual maximum benefit	\$10,000
<b>Inpatient:</b>	
Annual deductible	\$200
Co-insurance	70%
<b>Outpatient:</b>	
Annual maximum	\$2,500
Annual deductible	\$200
<b>Diagnostic &amp; Surgical Services:</b>	
Maximum benefit	Subject to outpatient maximum
Annual deductible	Subject to outpatient deductible
Co-insurance	70%
<b>Emergency Room Visits:</b>	
Maximum benefit	Subject to outpatient 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 \$200 separate deductible per visit
<b>Doctor Office Visits:</b>	
Maximum benefit	Subject to outpatient 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%
<b>Prescription Drugs:</b>	
Maximum benefit	Subject to outpatient maximum
Co-pay per prescription – generic	\$10
Co-pay per prescription – branded drugs	\$50
<b>PPO Discounts:</b>	<b>In-Network:</b>
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	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.**