

Plan Options	Progressive \$0 ded 100/80/50 \$25		Progressive \$200 ded 90/80/60 \$20		Progressive \$500 ded 100/80/80/50 \$25		PP0 1 \$200 ded 100/90/60 \$20		PP0 2 \$300 ded 100/80/60 \$25		PPO Infinity Options 100 % 80/80/50 \$25		HSA	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
<b>Annual Deductible</b>	\$0	\$0	\$200	\$400	\$500	\$1000	\$200	\$600	\$300	\$900	\$200	\$600	\$1,500	\$3000
<b>Out-of-pocket Max.</b>	\$2,500 Individual 2 x Family		\$1,500 Individual 2 x Family		\$2,500 Individual 2 x Family		\$2,500 Individual 3x Family		\$2,500 Individual 3x Family		\$2,500 Individual 3x Family		\$5,000 Individual 2 x Family	
<b>PLAN BENEFITS</b>														
<b>Professional Services</b>	Preferred Par & Non Par		Preferred Par & Non Par		Preferred Par & Non Par		Preferred Par & Non Par		Preferred Par & Non Par		Preferred Par & Non Par		Preferred Par & Non Par	
<b>ER Copay</b>	\$150, waived if admitted		\$150, waived if admitted		\$150, waived if admitted		\$75, waived if admitted		\$75, waived if admitted		\$75, waived if admitted		\$75, waived if admitted	
<b>Physician Office Visit</b>	\$25 Copay		\$20 Copay		\$25 Copay		\$20 Copay		\$25 Copay		\$25 Copay		\$25 Copay	
*100% Professional when billed as Office Visit	100% Professional 80% Facility	50% 50%	90% Professional 80% Facility	60% 60%	*100% Professional 80% Facility	50% 50%	100% Professional 90% Facility	60% 60%	100% Professional 80% Facility	60% 60%	*100% Professional 80% Facility	50% 50%	80% 60%	60%
	Deductible Waived		Deductible Waived		Deductible Waived		Deductible Waived		Deductible Applies		Deductible Waived		Deductible Applies	
<b>Preventive Care</b>	\$25 Copay		\$20 Copay		\$25 Copay		\$20 Copay		\$25 Copay		\$25 Copay		\$25 Copay	
	100% Professional 80% Facility	50% 50%	90% Professional 80% Facility	60% 60%	80% Professional 80% Facility	50% 50%	100% Professional 90% Facility	60% 60%	100% Professional 80% Facility	60% 60%	*100% Professional 80% Facility	50% 50%	80% 60%	60%
	\$500 maximum per year		\$500 maximum per year		\$500 maximum per year		\$500 maximum per year		Unlimited Maximum		\$400 maximum per year		Unlimited Maximum	
<b>Diagnostic Lab and X-ray</b>	100% 50%		90% 60%		80% 50%		100% 60%		100% 60%		100% 50%		80% 60%	
Outpatient (professional)	Deductible Applies		Deductible Waived		Deductible Waived		Deductible Waived		Deductible Applies		(not subject to the deductible) First \$500 per cal. year 80% 50%		(subject to the deductible) Charges above \$500 per cal. year	
Inpatient (facility)	80% 50%	Deductible Applies	80% 60%	Deductible Applies	80% 50%	Deductible Applies	90% 60%	Deductible Applies	80% 60%	Deductible Applies	80% 50%	Deductible Applies	80% 60%	Deductible Applies
<b>Alternative Care</b>	\$25 Copay		\$20 Copay		\$25 Copay		\$20 Copay		\$25 Copay		\$25 Copay		\$25 Copay	
Spinal Manipulations 12 manipulations per year	100% 50%	Deductible Waived	90% 60%	Deductible Waived	80% 50%	Deductible Waived	100% 60%	Deductible Waived	100% 60%	Deductible Waived	80% 50%	Deductible Waived	80% 60%	Deductible Waived
Acupuncture 12 visits per year	100% 50%	Deductible Applies	90% 60%	Deductible Applies	80% 50%	Deductible Applies	100% 60%	Deductible Applies	100% 60%	Deductible Applies	80% 50%	Deductible Applies	80% 60%	Deductible Applies
<b>Rehabilitation</b>	\$25 Copay		\$20 Copay		\$25 Copay		\$20 Copay		\$25 Copay		\$25 Copay		\$25 Copay	
Inpatient	100% Professional 80% Facility	50% 50%	90% Professional 80% Facility	60% 60%	80% Professional 80% Facility	50% 50%	100% Professional 90% Facility	60% 60%	100% Professional 80% Facility	60% 60%	80% Professional 80% Facility	50% 50%	80% 60%	Deductible Applies
Outpatient	80% 50%	Deductible Applies	90% 60%	Deductible Applies	80% 50%	Deductible Applies	90% 60%	Deductible Applies	80% 60%	Deductible Applies	80% 50%	Deductible Applies	80% 60%	Deductible Applies
<b>Chemical Dependency</b> \$14,000 every 2 cal year	100% 50%	Deductible Applies	90% 60%	Deductible Applies	80% 50%	Deductible Applies	100% 60%	Deductible Applies	100% 60%	Deductible Applies	80% 50%	Deductible Applies	80% 60%	Deductible Applies
<b>Mental &amp; Nervous</b>	80% 50%		80% 60%		80% 50%		90% 60%		80% 60%		80% 50%		80% 60%	
Inpatient (facility) 8 days per year	80% 50%	Deductible Applies	80% 60%	Deductible Applies	80% 50%	Deductible Applies	90% 60%	Deductible Applies	80% 60%	Deductible Applies	80% 50%	Deductible Applies	80% 60%	Deductible Applies
Outpatient (professional) 12 visits per year	100% 50%	Deductible Applies	90% 60%	Deductible Applies	80% 50%	Deductible Applies	100% 60%	Deductible Applies	100% 60%	Deductible Applies	80% 50%	Deductible Applies	80% 60%	Deductible Applies
<b>Lifetime Maximum</b> \$20,000 annual reinstatement	\$2,000,000*		\$2,000,000*		\$2,000,000*		\$2,000,000*		\$2,000,000*		\$2,000,000*		\$2,000,000*	

Prescription Drug Plans	(must elect one RX plan with medical plan - except H.S.A.)				H.S.A. RX
Retail (34 day supply)	10/\$20/\$40	10/\$25/\$50 Retail	10/(\$50 Brand copay)\$35/\$70	10/(\$50 Brand copay) \$20/\$40 MAC A	80%
Mail order (90 day supply)	\$20/\$40/\$80 Mail order	\$30/\$75/\$150 Mail order	\$30/\$105/\$210 Mail order	\$20/\$40/\$80 Mail order	Deductible Applies

This is a brief summary of benefits. For complete details of benefits and exclusions, please refer to the actual plan booklet or contract. Should there be any discrepancy the contract will be the determining document on how benefits are paid.