

Plan Options	Progressive \$0 Ded PPO 100/80/50/\$25		Progressive \$200 Ded PPO 90/80/60/\$20		Progressive \$500 Ded PPO (100)80/80/50/\$25		Progressive \$650 Ded PPO (100)80/80/50/\$25		H.S.A. \$1500 PPO 80/80/60		H.S.A. \$2500 PPO 80/80/60	
Annual Deductible (Individual/Family)	\$0 / \$0		\$200 / \$400		\$500 / \$1,000		\$650 / \$1,300		\$1,500 / \$3,000		\$2,500 / \$5,000	
Out-of-Pocket Maximum (Individual/Family)	\$2,500 / \$5,000		\$1,500 / \$3,000		\$2,500 / \$5,000		\$2,500 / \$5,000		\$5,000 / \$10,000		\$3,500 / \$7,000	
Plan Benefits	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>
Coinsurance Level (Professional/Facility Services)	100% Professional 80% Facility	50%	90% Professional 80% Facility	60%	80%	50%	80%	50%	80%	60%	80%	60%
ER Copay	\$150, waived if admitted		\$150, waived if admitted		\$150, waived if admitted		\$150, waived if admitted		-		-	
Physician Office Visit	\$25 Copay Only	\$25 Copay then 50%	\$20 Copay then 90%	\$20 Copay then 60%	\$25 Copay Only	\$25 Copay then 50%	\$25 Copay Only	\$25 Copay then 50%	80%	60%	80%	60%
Preventive Care	\$25 Copay then 100% Professional 80% Facility \$500 maximum per year	\$25 Copay then 50%	\$20 Copay then 90% Professional 80% Facility \$500 maximum per year Deductible Waived	\$20 Copay then 60%	\$25 Copay then 80%	\$25 Copay then 50%	\$25 Copay then 80%	\$25 Copay then 50%	80%	60%	80%	60%
Diagnostic Lab & X-ray Outpatient (Professional)	100%	50%	90%	60%	80%	50%	80%	50%	80%	60%	80%	60%
Inpatient (Facility)	80%	50%	80%	60%	80%	50%	80%	50%	80%	60%	80%	60%
Chiropractic	100%	50%	90%	60%	80%	50%	80%	50%	80%	60%	80%	60%
Acupuncture - 12 Visits PCY	100%	50%	90%	60%	80%	50%	80%	50%	80%	60%	80%	60%
Rehabilitation												
Inpatient - \$15,000 Per Condition, (except HSA \$30,000)	100% Professional 80% Facility	50%	90% Professional 80% Facility	60%	80%	50%	80%	50%	80%	60%	80%	60%
Outpatient - \$1,000 PCY (except HSA \$1,500)	80%	50%	90%	60%	80%	50%	80%	50%	80%	60%	80%	60%
Chemical Dependency \$14,500 every 2 calendar	100%	50%	90%	60%	80%	50%	80%	50%	80%	60%	80%	60%
Mental & Nervous												
Inpatient - 8 Visits PCY	100% Professional	50%	90% Professional	60%	80%	50%	80%	50%	80%	60%	80%	60%
Outpatient - 12 Visits PCY	80% Facility		80% Facility									
Lifetime Maximum \$20,000 annual reinstatement	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	
Prescription Drug Plans	Must elect one prescription drug plan with medical plan, except H.S.A. plan								H.S.A. prescription drug plan			
Retail (34 day)	\$10/\$20/\$40		\$10/\$25/\$50		\$10/\$35/\$70		\$10/\$35/\$70 w/ \$150 Brand Ded		80%			
Mail (90 day)	\$20/\$40/\$80		\$30/\$75/\$150		\$30/\$105/\$210		\$30/\$105/\$210 w/ \$150 Brand Ded		Deductible Applies			

Plan Options	Infinity \$200 Ded PPO (100)80/80/50/\$25		Infinity \$300 Ded PPO (100)80/80/50/\$25		Infinity \$500 Ded PPO (100)80/80/50/\$25		Infinity \$1000 Ded PPO (100)80/80/50/\$25		Infinity \$2000 Ded PPO (100)80/80/50/\$25		Infinity \$3000 Ded PPO (100)80/80/50/\$25	
Annual Deductible (Individual/Family)	\$200 / \$600		\$300 / \$900		\$500 / \$1,500		\$1,000 / \$3,000		\$2,000 / \$6,000		\$3,000 / \$9,000	
Out-of-Pocket Maximum (Individual/Family)	\$2,500 / \$7,500		\$2,500 / \$7,500		\$2,500 / \$7,500		\$2,500 / \$7,500		\$5,000 / \$15,000		\$5,000 / \$15,000	
Plan Benefits	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>	<i>Preferred</i>	<i>Participating</i>
Coinsurance Level (Professional/Facility Services)	80% Professional 80% Facility	50%	80% Professional 80% Facility	50%	80% Professional 80% Facility	50%	80% Professional 80% Facility	50%	80% Professional 80% Facility	50%	80% Professional 80% Facility	50%
ER Copay	\$150, waived if admitted		\$150, waived if admitted		\$150, waived if admitted		\$150, waived if admitted		\$150, waived if admitted		\$150, waived if admitted	
Physician Office Visit	\$25 Copay Only	\$25 Copay then 50% Deductible Waived	\$25 Copay Only	\$25 Copay then 50% Deductible Waived	\$25 Copay Only	\$25 Copay then 50% Deductible Waived	\$25 Copay Only	\$25 Copay then 50% Deductible Waived	\$25 Copay Only	\$25 Copay then 50% Deductible Waived	\$25 Copay Only	\$25 Copay then 50% Deductible Waived
Preventive Care	\$25 Copay then 100% Deductible Waived	\$25 Copay then 50% Deductible Waived	\$25 Copay then 100% Deductible Waived	\$25 Copay then 50% Deductible Waived	\$25 Copay then 100% Deductible Waived	\$25 Copay then 50% Deductible Waived	\$25 Copay then 100% Deductible Waived	\$25 Copay then 50% Deductible Waived	\$25 Copay then 100% Deductible Waived	\$25 Copay then 50% Deductible Waived	\$25 Copay then 100% Deductible Waived	\$25 Copay then 50% Deductible Waived
Diagnostic Lab & X-ray Outpatient (Professional)	First \$500 - 100% After \$500 - 80% Deductible Waived for first \$500 only	50%	First \$500 - 100% After \$500 - 80% Deductible Waived for first \$500 only	50%	First \$500 - 100% After \$500 - 80% Deductible Waived for first \$500 only	50%	First \$500 - 100% After \$500 - 80% Deductible Waived for first \$500 only	50%	First \$500 - 100% After \$500 - 80% Deductible Waived for first \$500 only	50%	First \$500 - 100% After \$500 - 80% Deductible Waived for first \$500 only	50%
Inpatient (Facility)	80% Deductible Applies	50%	80% Deductible Applies	50%	80% Deductible Applies	50%	80% Deductible Applies	50%	80% Deductible Applies	50%	80% Deductible Applies	50%
Chiropractic	80% Up to 12 manipulations PCY Deductible Waived	50%	80% Up to 12 manipulations PCY Deductible Waived	50%	80% Up to 12 manipulations PCY Deductible Waived	50%	80% Up to 12 manipulations PCY Deductible Waived	50%	80% Up to 12 manipulations PCY Deductible Waived	50%	80% Up to 12 manipulations PCY Deductible Waived	50%
Acupuncture - 12 Visits PCY	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Rehabilitation												
Inpatient - \$15,000 Per	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Outpatient - \$1,000 PCY	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Chemical Dependency \$14,500 every 2 calendar years	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Mental & Nervous												
Inpatient - 8 Visits PCY	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Outpatient - 12 Visits PCY												
Lifetime Maximum \$20,000 annual reinstatement	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	

Prescription Drug Plans	Must elect one prescription drug plan with medical plan, except H.S.A. plan						H.S.A. prescription drug plan	
Retail (34 day)	\$10/\$20/\$40	\$10/\$25/\$50	\$10/\$35/\$70	\$10/\$35/\$70 w/ \$150 Brand Ded			80%	
Mail (90 day)	\$20/\$40/\$80	\$30/\$75/\$150	\$30/\$105/\$210	\$30/\$105/\$210 w/ \$150 Brand Ded			Deductible Applies	