




Your benefits: effective August 1, 2017

	Choice Network	Premier Network	
	 Classic Plan	 Select Plan	 Saver Plan
Annual Deductible	None	None	\$1,000 per individual / \$2,000 per family
Plan Year Out-of-Pocket Maximum	\$1,500 ¹ per individual / \$3,000 ¹ per family	\$3,000 ¹ per individual / \$6,000 ¹ per family	\$3,500 ^{1,2} per individual / \$7,000 ^{1,2} per family
Hospital Admission (Inpatient)	\$100/admission	\$750/admission	30% coinsurance ²
Outpatient Surgery	\$0/procedure	\$325/procedure	30% coinsurance ²
Routine Check-Up	\$0	\$0	\$0
Primary Care Physician (PCP) Visit	\$20	\$30	\$30
Specialist Physician Visit	\$20	\$40	\$40
Urgent Care	\$20	\$40	\$40
Emergency Room	\$75/visit	\$100/visit	\$150/visit ²
Mental Health Services: Inpatient Outpatient	\$100/admission \$20/visit	\$750/admission \$30/visit	30% Coinsurance ² \$30/visit
Chemical Dependency Services: Emergency Services for acute drug or alcohol detoxification	\$75/visit	\$100/visit	\$150/visit ²
Chemical Dependency Services: Inpatient Outpatient	\$100/admission \$20/visit	\$750/admission \$30/visit	30% Coinsurance ² \$30/visit
Generic Formulary/ Brand Formulary/ Non-Formulary Retail Prescriptions (up to 30-day supply)	\$15/\$30/\$50	\$20/\$35/\$70 (\$150 brand deductible)	\$20/\$35/\$70 (\$150 brand deductible)
Generic Formulary/Brand Formulary/ Non-Formulary Mail order Prescriptions (up to a 90-day supply) ³	\$30/\$60/\$100	\$40/\$70/\$140 (\$150 brand deductible)	\$40/\$70/\$140 (\$150 brand deductible)

¹ Copayments for supplemental benefits (assisted reproductive technologies, chiropractic services, acupuncture, vision and hearing aids) do not apply to the annual out-of-pocket maximum.

² Deductible applies.

³ Save money on maintenance medications.

*Please refer to your plan documents for complete information