

Gold Plan (PPO)

Plan Features	In-Network	Out-of-Network
Individual Deductible	\$1,000*	\$2,000*
Family Deductible	\$2,000*	\$4,000*
Individual Out-of-Pocket	\$3,000*	\$6,000*
Family Out-of-Pocket	\$6,000*	\$12,000*
Lifetime Maximum	Unlimited	Unlimited
Physician Office Visit	\$25 PCP/\$50 specialist copay	60% after deductible*
Emergency Room Visit	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)
Non-notification Penalty	N/A	50% reduction (plus \$250)
Physician Office Visits		
• Preventive Care	Covered preventive services are not subject to deductible or copay and will be covered 100%	60% after deductible*
• Primary Care Physician (PCP)	\$25 copay	60% after deductible*
• Specialist Visits	\$50 copay	60% after deductible*
Diagnostic Services <i>in physician's office or outpatient</i>		
• Routine Diagnostics (labs, x-rays)	80% after deductible*	60% after deductible*
• Non-routine (MRI, CT scan, etc.)	80% after deductible*	60% after deductible*
Mammograms		
• Preventative	100% of eligible expenses	100% of eligible expenses
• Diagnostic	80% after deductible*	60% after deductible*
Outpatient Surgery Center	80% after deductible*	60% after deductible*
Outpatient Rehabilitation (in office)	\$25 copay per visit	60% after deductible*
• Physical Therapy (60 visits a year)		
• Occupational Therapy (60 visits a year)		
• Speech Therapy (60 visits a year)		
• Cardiac Rehabilitation (60 visits a year)		
• Spinal Manipulation (24 visits a year)	\$50 copay per visit	
Hospital Care		
• Room and Board, Diagnostic Lab and X-ray, Anesthesia and Misc. Charges	80% after deductible*	\$500 copay per confinement, then 60% after deductible*
Professional Fees – Inpatient		
• Surgeon/Physician/Anesthesia	80% after deductible*	60% after deductible*
Maternity Care		
• Physician Prenatal and Postnatal Care	80% after deductible*	60% after deductible*
Ambulance Services	80% after deductible*	80% after deductible*
Durable Medical Equipment	80% after deductible*	60% after deductible*
Home Healthcare (80 visits a year)	80% after deductible*	60% after deductible*
Hospice Services	80% after deductible*	60% after deductible*
Skilled Nursing/Extended Care		
• Facility Services	80% after deductible* 120 days per calendar year	60% after deductible* 120 days per calendar year
Infertility Services	80% after deductible* \$2,000 limit/calendar year	60% after deductible \$2,000 limit/calendar year
Transplant Benefits through United Resources Networks (URN)	100% through URN Non-URN (80% after deductible)	100% through URN Non-URN (60% after deductible)
Mental Health/Substance Abuse		
• Inpatient	80% after deductible*	\$500 copay per confinement, then 60% after deductible*
• Outpatient	\$25 copay	60% after deductible*
Prescription Drug Services	Caremark	Caremark