

A side-by-side comparison of plans

	EPO Plan	PPO Plan	
	Network	Network	Out of network
Plan year deductible	July 1 - June 30	July 1 - June 30	
Individual	\$175	\$175	\$500
Family	\$350	\$350	\$1,000
Out-of-pocket maximum			
Individual	\$6,350	\$6,350	\$12,700
Family	\$12,700	\$12,700	\$25,400
Preventive care services including preventive office visits, lab, radiology and other tests	No charge	No charge	40%*
Primary care office visit PCP: General practice, family practice, OB/GYN, internal medicine and pediatrician	\$35 copay per visit, deductible does not apply	\$40 copay per visit, deductible does not apply	40%*
Specialist office visit	\$50 copay per visit, deductible does not apply	\$55 copay per visit, deductible does not apply	40%*
Behavioral health visit	No charge	No charge	40%*
Maternity services Includes initial office visit, prenatal and postnatal care	\$35 copay for the first office visit; \$500 copay* for inpatient hospital	\$40 copay for the first office visit; \$500 copay* for inpatient hospital	40%*
Outpatient speech, physical, and occupational therapy Up to 24 visits per year combined	\$35 copay per visit, deductible does not apply	\$40 copay per visit, deductible does not apply	40%*
Chiropractic and acupuncture Limited to 20 visits per year	\$50 copay per visit, deductible does not apply	\$55 copay per visit, deductible does not apply	40%*
Urgent care	\$50 copay per visit*	\$50 copay per visit*	\$50 copay per visit*
Emergency room (ER copay waived if admitted)	\$200 copay per visit*	\$200 copay per visit*	\$200 copay per visit*
Emergency medical transport	\$50 ground/\$100 air*	\$50 ground/\$100 air*	\$50 ground/\$100 air*
Inpatient hospital/Skilled nursing	\$500 copay*	\$500 copay*	40%*
Outpatient surgery	\$500 copay*	\$500 copay*	40%*
Imaging	\$75 CT scan copay/\$125 MRI/PET scan copay*	\$75 CT scan copay/\$125 MRI/PET scan copay*	40%*
Lab, X-Ray, diagnostic - outpatient lab testing/ x-ray and other diagnostic	No charge	No charge	40%*
Durable medical equipment	50%*	50%*	50%*
Home healthcare	No charge	No charge	40%*

* After the Annual Medical Deductible has been met.

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan – coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.