

		9A	9B	9F	9PR	9CB	9HD
Network		Full PPO Blue	Full PPO Blue	Full PPO Blue	Full PPO Blue	Community Blue	Community Blue
Deductible		\$0/0	\$0/0	\$0/0	\$0/0	\$0/0	\$1250/\$2500
Coinsurance		20%	20%	20%	0%	0%	20%
Out-of Pocket		\$500/1000	\$500/1000	\$500/1000	\$0/0	\$0/0	\$3750/\$7000
Office Visits							
Preventive		100%	100%	100%	100%	100%	100%
PCP Copay		\$20.00	\$20.00	\$15.00	\$15.00	\$15.00	20%
Specialists		\$25.00	\$25.00	\$15.00	\$15.00	\$15.00	20%
Emergency Room		\$75.00	\$75.00	\$50.00	\$100.00	\$100.00	20%
<b>Prescription Drug</b>							
Retail							After Ded
Generic		\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
Brand		25% to \$40	25% to \$40	25% to \$40	25% to \$40	25% to \$40	25% to \$40
Brand NF		50% to \$80	50% to \$80	50% to \$80	50% to \$80	50% to \$80	50% to \$80
<b>Ancillary</b>							
Dental		Basic	Enhanced	Enhanced	Basic	Basic	Basic
Vision		Basic	Basic	Enhanced	Basic	Basic	Basic
LOT (Est)		\$250.00	\$350.00	\$400.00	\$250.00	\$250.00	\$250.00
Life		\$25,000.00	\$35,000.00	\$50,000.00	\$25,000.00	\$25,000.00	\$25,000.00
Subsidy		\$90.00	\$90/\$275	\$90/\$275/\$400	\$90.00	\$90.00	\$90.00