



MEDICAL INSURANCE Summary of Plans

	HMSA Plan Options		
	PPP	HPH	CompMed
Type of Plan	PPO	HMO	CompMed

IN-NETWORK

PCP Co-pay	\$12	\$20	\$14
Specialist Co-pay	\$12	\$20	\$14
Preventive Care	No Charge	No Charge	No Charge
Deductible (Individual)	\$0	\$0	\$0
Deductible (Family)	\$0	\$0	\$0
Coinsurance	80%/20% (OP); 90%/10% (IP)	80%/20% (OP); 90%/10% (IP)	80%/20%
Out-of-Pocket Max (Individual)	\$2,500 (general); \$3,600 (Rx)	\$2,500 (general); \$3,600 (Rx)	\$2,500 (general); \$3,600 (Rx)
Out-of-Pocket Max (Family)	\$7,500 (general); \$4,200 (Rx)	\$7,500 (general); \$4,200 (Rx)	\$7,500 (general); \$4,200 (Rx)
Lab Work, X-Ray	80%/20% (OP); 90%/10% (IP)	\$10 (OP); 90%/10% (IP)	80%/20%
Imaging (CT/PET scans, MRIs)	80%/20% (OP); 90%/10% (IP)	80%/20% (OP); 90%/10% (IP)	80%/20%
Hospital Visit	90%/10%	90%/10%	80%/20%
Urgent Care Visit Co-pay	\$12	\$20	\$14
Emergency Room	80%/20%	\$100 Co-pay	80%/20%

OUT-OF-NETWORK

PCP Visit	Deductible + coinsurance	N/A	\$14 Co-pay
Specialist Visit	Deductible + coinsurance	N/A	\$14 Co-pay
Hospital Visit	Deductible + coinsurance	N/A	80%/20%
Deductible (Individual)	\$100	N/A	\$0
Deductible (Family)	\$300	N/A	\$0
Coinsurance	70%/30%	N/A	80%/20%
Out-of-Pocket Max (Individual)	\$2,500 (general); \$3,600 (Rx)	N/A	\$2,500 (general); \$3,600 (Rx)
Out-of-Pocket Max (Family)	\$7,500 (general); \$4,200 (Rx)	N/A	\$7,500 (general); \$4,200 (Rx)

PRESCRIPTIONS

Generic / Tier 1 copay	\$7	\$7	\$7
Preferred Formulary / Tier 2 copay	\$30	\$30	\$30
Non-Prefer. Formulary / Tier 3 copay	\$75	\$75	\$75
Preferred Specialty / Tier 4 copay	20% Coinsurance	20% Coinsurance	20% Coinsurance
Non-Prefer. Specialty / Tier 5 copay	25% Coinsurance	25% Coinsurance	25% Coinsurance

Illustration for Comparison Purposes Only. For complete benefit information, please refer to policy.