

PPO plan quick-reference guide

Refer to plan documents for limitations and additional information.

PPO – medical plan

Feature	Your network cost	Your out-of-network cost PLUS you pay charges exceeding plan payment
Annual deductible	\$500 individual/\$1,000 family	\$1,000 each person
Coinsurance (after the annual deductible is met)	20% after deductible	40% after deductible
Annual coinsurance maximum	\$2,500 individual/\$5,000 family	No limit
Annual out-of-pocket maximum (OOP)	\$3,000 individual/\$6,000 family Plan pays 100% after annual OOP	No limit
Physician services		
Office visits	\$25 primary care physician (PCP) \$25 Premium Care Specialist \$35 non-Premium Care Specialist	40% after deductible
24/7 Virtual Visits	\$0 copay	40% after deductible
Telehealth	\$25 PCP \$25 Premium Care Specialist \$35 non-Premium Care Specialist	40% after deductible
Hospital visits	20% after deductible	40% after deductible
Urgent care visit	\$35 copay	40% after deductible
Preventive care*		
Well-child care	Covered at 100%	40% after deductible
Well-woman exam	Covered at 100%	40% after deductible
Routine screening mammography	Covered at 100%	40% after deductible
Adult health assessments	Covered at 100%	40% after deductible
Immunizations	Covered at 100%	40% after deductible
Screening colonoscopy	Covered at 100%	40% after deductible
Maternity services		
Routine prenatal care	Covered at 100%	40% after deductible
Delivery in hospital	20% after deductible	40% after deductible
Newborn care in hospital (routine)	20% after deductible	40% after deductible

*Subject to Affordable Care Act requirements.

PPO – medical plan (continued)

Feature	Your network cost	Your out-of-network cost PLUS you pay charges exceeding plan payment
Maternity services (continued)		
Infertility services: 5 artificial insemination visits (lifetime)	20% after deductible (excludes in vitro and drug coverage)	40% after deductible (excludes in vitro and drug coverage)
Additional services		
Inpatient hospital	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible
Lab & X-ray outpatient (minor)	Covered at 100% in physician office or network lab or radiological provider	40% after deductible
Hospital emergency care services (treated as network)	\$300 copay + 20% after deductible; copay waived if admitted	\$300 copay + 20% after deductible; copay waived if admitted
Skilled nursing facility	20% after deductible; up to 60 days annually*	40% after deductible; up to 60 days annually*
Home health care	20% after deductible; up to 120 visits annually*	40% after deductible; up to 120 visits annually*
Allergy care services	\$25 PCP/\$25 Premium Care Specialist \$35 non-Premium Care Specialist	40% after deductible
Chiropractic	\$35 copay per visit; maximum 20 visits per year*	40% after deductible; maximum 20 visits per year*
Medical supply & equipment (DME)	20% after deductible	40% after deductible
Mental health services		
Outpatient visits	\$25 visit	40% after deductible
Inpatient	20% after deductible	40% after deductible
Serious mental illness	Treated like any other illness	Treated like any other illness
Substance abuse	Treated like any other illness	Treated like any other illness

*Limits apply for any combination of network and out-of-network benefits.