



Plan Design	Bronze	Silver	Gold	Platinum
Network	PHCS	PHCS	PHCS	PHCS
Wellness & Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Virtual Behavioral Health	*	\$50 Copay (3X/year)	\$50 Copay (3X/year)	\$0 Copay (Unlimited)
Primary Care Office Visit	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)
Specialist Office Visit	Network Discount	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)
Urgent Care Visit	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)
Lab Services	Network Discount	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)
X-Rays	Network Discount	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)
Generic RX	Tier 1: \$10 Copay Tier 2: \$25 Copay			
Brand RX	*	Tier 1: \$50 Copay Tier 2: \$75 Copay	Tier 1: \$50 Copay Tier 2: \$75 Copay	Tier 1: \$50 Copay Tier 2: \$75 Copay
<b>Hospital Indemnity</b>				
Admission Benefit	*	*	\$2,000 (1x/Yr.)	\$2,500 (1x/Yr.)
Confinement Benefit	*	*	\$50 /Day (30x/Yr.)	\$200 /Day (30x/Yr.)
Inpatient Rehabilitation	*	*	*	\$100 /Day (15x/Yr.)
Inpatient Surgery	*	*	*	\$1,000 (1x/Yr.)
Outpatient Surgery	*	*	\$250/\$500 (1x/Yr.)	\$750/\$1,500 (1x/Yr.)
Ambulance Benefit	*	*	*	\$500Air Trans. (2x/Yr.) \$200 ground trans (2x/Yr.)
Diagnostic Procedure	*	*	\$250(1x/Yr.)	\$250(1x/Yr.)
Emergency Room	*	*	*	\$100/Day (1x/Yr.)
Health Screening	*	*	*	\$50 (1x/Yr.)
Dependent Age Limit	Dependent to age 26			
Portability	*	*	Included	Included
Life Insurance	*	*	\$7,000	\$7,000
<b>RATES</b>				
Member Only	<b>\$172.00</b>	<b>\$226.00</b>	<b>\$263.00</b>	<b>\$305.00</b>
Member + Spouse	<b>\$286.00</b>	<b>\$403.00</b>	<b>\$477.00</b>	<b>\$544.00</b>
Member + Child(ren)	<b>\$286.00</b>	<b>\$399.00</b>	<b>\$457.00</b>	<b>\$521.00</b>
Member + Family	<b>\$371.00</b>	<b>\$543.00</b>	<b>\$649.00</b>	<b>\$793.00</b>