

## Healthy Value Plans

## \*Subject to Underwriting

## **Lifestyle Health Plans**







	Lifestyle Health Plans		Lifestyle F	lealth Plans		Lifestyle Health Plans		Lifestyle Health Plans	
Plan Type	\$2500 Healthy Value Plan		\$3500 Healthy Value Plan			\$6850 Healthy Value Plan		\$10,00 Healthy Value Plan	
Network	PHCS or First Health		PHCS or First Health			PHCS or First Health		PHCS or First Health	
Benefit Highlights: Routine Eye Exam for Children covered In- Network at 100%	In-Network	Out-of-Network	In-Network	Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited		Unlimited			Unlimited		Unlimited	
Deductible								NOT A MINIMUM VALUE PLAN	
Individual	\$2,500	\$5,000	\$3,500	\$7,000		\$6,850	\$13,700	\$10,000	\$20,000
Family	\$5,000	\$10,000	\$7,000	\$14,000		\$13,700	\$27,400	\$20,000	\$40,000
Coinsurance	50%	30%	50%	30%		50%	30%	50%	30%
Maximum Out-of-Pocket									350 Ind \$14,700 Fam
Individual	\$5,500	\$11,000	\$6,000	\$12,000		\$6,850	\$16,200	\$10,000	\$22,500
Family	\$11,000	\$22,000	\$12,000	\$24,000		\$13,700	\$32,400	\$20,000	\$45,000
Office Visits	Copay OPP Max \$7,3	350 Ind \$14,700 Fam	Copay OPP Max \$7,350 Ind \$14,700 Fam			Copay OPP Max \$7,350 Ind \$14,700 Fam		Copay OPP Max \$7,350 Ind \$14,700 Fam	
Primary	\$30 Copay up to \$250 max then ded & coins	Ded then 70%	\$30 Copay up to \$250 max then ded & coins	Ded then 70%		\$30 Copay up to \$250 max then ded & coins	Ded then 70%	\$30 Copay up to \$250 max then ded & coins	Ded then 70%
Specialist	\$50 Copay up to \$250 max then ded & coins	Ded then 70%	\$50 Copay up to \$250 max then ded & coins	Ded then 70%		\$50 Copay up to \$250 max then ded & coins	Ded then 70%	\$50 Copay up to \$250 max then ded & coins	Ded then 70%
Preventative Care	100%	Ded then 70%	100%	Ded then 70%		100%	Ded then 70%	100%	Ded then 70%
Telephonic physician services	100%		100%			100	%	100%	
Hospital Facility & Physician Fees	Ded then 50%	Ded then 70%	Ded then 50%	Ded then 70%		Ded then 50%	Ded then 70%	Ded then 50%	Ded then 70%
Diagnostic x-ray and lab	100% thru Preferred Vendor	Ded then 70%	100% thru Preferred Vendor	Ded then 70%		100% thru Preferred Vendor	Ded then 70%	100% thru Preferred Vendor	Ded then 70%
Diabetic supplies auto shipped	100%		100%			100%		100%	
OutPatient Surgery	\$1000 Copay + Ded then 50%	Ded then 70%	\$1000 Copay + Ded then 50%	Ded then 70%		\$1000 Copay + Ded then 50%	Ded then 70%	\$1000 Copay + Ded then 50%	Ded then 70%
OutPatient Testing MRI, CT,PET	\$500 copay + Ded then 50%	Ded then 70%	\$500 copay + Ded then 50%	Ded then 70%		\$500 copay + Ded then 50%	Ded then 70%	\$500 copay + Ded then 50%	Ded then 70%
Ambulance	Deductibe then 50% Coinsurance	Ded then 70%	Deductibe then 50% Coinsurance	Ded then 70%		Deductibe then 50% Coinsurance	Ded then 70%	Deductibe then 50% Coinsurance	Ded then 70%
Emergency Room /Urgent Care	\$250 + Ded then 50%/ UC \$50 Copay up to \$500	\$250 Copay + Ded then 50%/ UC \$50 Copay up to \$500	\$250 + Ded then 50%/ UC \$50 Copay up to \$500	\$250 Copay + Ded then 50%/ UC \$50 Copay up to \$500		\$250 + Ded then 50%/ UC \$50 Copay up to \$500	\$250 Copay + Ded then 50%/ UC \$50 Copay up to \$500	\$250 + Ded then 50%/ UC \$50 Copay up to \$500	\$250 Copay + Ded then 50%/ UC \$50 Copay up to \$500
Prescription Drugs	RX OOP same as medical copay OOP		RX OOP same as medical copay OOP			RX OOP same as medical copay OOP		RX OOP same as medical copay OOP	
Generic	Tier 1: \$1 Copay/ Tier 2: \$15 Copay		Tier 1: \$1 Copay/ Tier 2: \$15 Copay			Tier 1: \$1 Copay/ Tier 2: \$15 Copay		Tier 1: \$1 Copay/ Tier 2: \$15 Copay	
Preferred Brand	\$50 Copay Retail		\$50 Copay Retail			\$50 Copay Retail		\$50 Copay Retail	
Non-Preferred Brand	\$80 Copay Retail		\$80 Copay Retail			\$80 Copay Retail		\$80 Copay Retail	
Mail Order	Per Drug/Contact Rx Admin		Per Drug/Contact Rx Admin			Per Drug/Contact Rx Admin		Per Drug/Contact Rx Admin	
Specialty Drugs	50% Copay after Deductible		50% Copay after Deductible			50% Copay after Deductible		50% Copay after Deductible	
	PPC		PF			PPO		PP	
Current Enrollment	Lowest	Highest	Lowest	Highest		Lowest	Highest	Lowest	Highest
Employee	\$283.27	\$483.22	\$271.65	\$463.41		\$256.28	\$437.18	\$235.09	\$401.04
Employee + Spouse	\$609.03	\$1,038.93	\$584.05	\$996.32		\$550.99	\$939.93	\$505.44	\$862.23
Employee + Child(ren)	\$552.38	\$942.29	\$529.72	\$903.64		\$499.74	\$852.49	\$458.42	\$782.02
Family	\$841.31	\$1,435.18	\$806.80	\$1,376.31		\$761.14	\$1,298.41	\$698.22	\$1,191.07
Total	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Annual all in each plan	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Current Annual									
	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00

\*Case may be declined