

Benefits	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan	BEX Benefit Plan
	500 / 80% PPO Plan	1,000 / 80% PPO Plan	2,250 / 80% PPO Plan	5,000 / 80% PPO Plan	HDHP 3,000 PPO Plan	HDHP 4,000 PPO Plan	HDHP 5,000 PPO Plan	HDHP 6,750 PPO Plan	HDHP 7,000 PPO Plan	
Deductible Individual	\$500	\$1,000	\$2,250	\$5,000	\$3,000	\$4,000	\$5,000	\$6,750	\$7,000	
Deductible Family	\$1,000	\$2,000	\$4,500	\$10,000	\$6,000	\$8,000	\$10,000	\$13,500	\$14,000	
Coinsurance	20%	20%	20%	20%	0%	0%	0%	0%	0%	
OOP Max Individual	\$1,500	\$2,500	\$4,500	\$6,800	\$3,000	\$4,000	\$5,000	\$6,750	\$7,000	
OOP Max Family	\$3,000	\$5,000	\$9,000	\$13,200	\$6,000	\$8,000	\$10,000	\$13,500	\$14,000	
Physician Services										
Primary Physician Office Visit	\$25	\$25	\$25	\$25	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Specialist Office Visit	\$25	\$25	\$25	\$25	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Outpatient Diagnostic Lab	20% after deductible	20% after deductible	20% after deductible	20% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Outpatient Diagnostic X Ray	20% after deductible	20% after deductible	20% after deductible	20% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Physical Occupational Therapy	20% after deductible	20% after deductible	20% after deductible	20% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Hospital/Other Medical Services										
Inpatient Hospital Services/Days	20% after deductible	20% after deductible	20% after deductible	20% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgery (Surgical Ctr / Hospital Based)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Emergency Room	\$250 copay, waived if admitted	\$250 copay, waived if admitted	\$250 copay, waived if admitted	\$250 copay, waived if admitted	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Urgent Care	\$50	\$50	\$50	\$50	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Outpatient Complex Imaging	20% after deductible	20% after deductible	20% after deductible	20% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Prescription Drug										
RX-Retail	\$15/\$30/\$60/50%	\$15/\$30/\$60/50%	\$15/\$30/\$60/50%	\$15/\$30/\$60/50%	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
RX Mail Copay	\$45/\$90/\$180/50%	\$45/\$90/\$180/50%	\$45/\$90/\$180/50%	\$45/\$90/\$180/50%	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible
Out-of-Network										
Out-Of-Network Deductible Individual	\$1,000	\$2,000	\$4,500	\$10,000	\$6,000	\$8,000	\$10,000	\$13,500	\$14,000	
Out-Of-Network Deductible Family	\$2,000	\$4,000	\$9,000	\$20,000	\$12,000	\$16,000	\$20,000	\$27,000	\$28,000	
Out-Of-Network OOP Max Individual	\$3,000	\$5,000	\$9,000	\$13,200	\$6,000	\$8,000	\$10,000	\$13,500	\$14,000	
Out-Of-Network OOP Max Family	\$6,000	\$10,000	\$18,000	\$26,400	\$12,000	\$16,000	\$20,000	\$27,000	\$28,000	

DISCLAIMER: The benefits highlighted above are illustrative and do not represent every aspect of the plan. The Employer must view the detailed grid before making a final plan selection. This cost comparison has been prepared manually; if there are any discrepancies found, the governing plan document from the insurance carrier will prevail. Illustration based on Census enrollment. Projections will vary with changes in enrollment. Formularies differ by carrier, and carriers can change their formularies at any time. Claims are processed differently at each carrier. Members are responsible for contacting their carrier and assessing the status of their current medications, and must acknowledge that the formularies can change at any time. Q-HDHP plans require that full deductible be paid before benefits or copays apply. Rates include PPACA fees.