

Participant's share of (You Pay): <i>Network: Blue Shield</i>	PPO \$25	PPO \$30	PPO \$40	PPO \$50	DEDUCTIBLE MUST BE MET BEFORE ANY COVERAGE PPO \$60 High Deductible Health Plan	NO OUT OF NETWORK COVERAGE PPO Select
Deductibles (Individual / Family) ¹	\$650 / 2x	\$1,000 / 2x	\$1,500 / 2x	\$2,500 / 2x	\$5,000 Integrated with Med/Rx Deductible, Per Person	\$1,000 / 2x
Coinsurance - Network	20%	30%	30%	30%	30%	20%
Coinsurance - Out Network	40%	50%	50%	50%	No out of network coverage	No out of network coverage. No coverage for Monterey County hospitals and their owned facilities
Out-of-Pocket Co-Ins Maximums-Single In Network ²	\$4,000	\$5,500	\$6,350	\$6,350	\$6,350	\$6,350
Out-of-Pocket Co-Ins Maximums - Family In Network ²	2 x Individual	2 x Individual	2 x Individual	2 x Individual	Per person	2 x Individual
Out-Network Co-Insurance Maximums ²	\$7,000 / 2 x Ind.	\$11,000 / 2 x Ind	\$12,700 / 2 x Ind	\$12,700 / 2 x Ind	No out of network coverage	No out of network coverage
Inpatient Hospital Coinsurance (In-Network)*	20%	30%	30%	30%	30%	20%
Inpatient Hospital Coinsurance (Out-Network)*	40%	50%	50%	50%	No out of network coverage Emergency Services Only	No out of network coverage Emergency Services Only
Separate Hospital ER Co-Pay (applies if non-emergency) Ground/Air Ambulance*	\$500 ER Room 20%/20%	\$500 ER Room 30%/50%	\$500 ER Room 30%/50%	\$500 ER Room 30%/50%	\$500 ER Room 30%/30%	\$500 ER Room 20%/20%
Physician Benefits Surgery/Anesthesia*	<u>In-Net/Out-Net</u> 20% / 40%	<u>In-Net/Out-Net</u> 30% / 50%	<u>In-Net/Out-Net</u> 30% / 50%	<u>In-Net/Out-Net</u> 30% / 50%	<u>In-Network</u> 30%	<u>In-Network Only</u> 20%
Surgery Benefit Management Program	100% benefit when using BridgeHealth (888) 387-3909					
Hospital Visits*	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Office Visits	\$25 / 40%	\$30 / 50%	\$40 / 50%	\$50 / 50%	\$60	\$25
Specialist Visits	\$35 / 40%	\$40 / 50%	\$50 / 50%	\$50 / 50%	\$70	\$35
Physical Exams	0% / 40%	0% / 50%	0% / 50%	0% / 50%	0%	0%
Chiropractic Care - CHPC.com (in-network only)	\$10 copay					
Mental Health/Substance Abuse Other Benefits	<u>20% / 40%</u> <u>In-Net/Out-Net</u>	<u>30% / 50%</u> <u>In-Net/Out-Net</u>	<u>30% / 50%</u> <u>In-Net/Out-Net</u>	<u>30% / 50%</u> <u>In-Net/Out-Net</u>	<u>30%</u> <u>In-Network</u>	<u>20%</u> <u>In-Network</u>
Well Child Care	0% / 40%	0% / 50%	0% / 50%	0% / 50%	0%	0%
Maternity Care*	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Skilled Nursing Facility* (to 365 days/Lifetime)	20%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Outpatient Diagnostic X-ray and Lab Work	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Acupuncture (Any Licensed Acupuncturist)	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year
Durable Medical Equipment*	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30%	20%
Outpatient Rehab/Physical/Occupational Therapy*	20% / 40%	30% / 50%	30% / 50%	30% / 50%	30%	No out of network coverage
Prescription Drugs	Deductible must be met first					
Out-of-Pocket Co-Ins Max - <u>Single</u> In Network	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800
Out-of-Pocket Co-Ins Max - <u>Family</u> In Network	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600	\$3,600
Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Supply	\$0 / \$40 / \$70	\$0 / \$50 / \$80	\$0 / \$50 / \$80	\$0 / \$50 / \$80	\$75	\$0 / \$50 / \$80
Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Supply	\$7 / \$20 / \$35	\$10 / \$25 / \$40	\$10 / \$25 / \$40	\$10 / \$25 / \$40	\$25	\$10 / \$25 / \$40
Retail/Maint.-Gen./Pref./Brand (NonFormulary), 30 Day Supply	\$9.50 / \$29 / \$44	\$13 / \$35 / \$50	\$13 / \$35 / \$50	\$13 / \$35 / \$50	\$50	\$13 / \$35 / \$50
Specialty, 30 Day Supply	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$21 / \$60 / \$100	\$200	\$21 / \$60 / \$100

Chart is for Comparison only; Plan Evidence of Coverage Document Prevails
Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum

*Subject to deductible

¹ 2x = family deductible is met by two individuals

²Includes deductible