

Medical Benefit Summary

Horizon Blue Cross Blue Shield	PPO PLATINUM In-network & Out-of-Network	PPO GOLD In-network & Out-of-Network	PPO PLATINUM In-network Only	PPO GOLD In-network Only
Network	Horizon BCBS	Horizon BCBS	Horizon BCBS	Horizon BCBS
In-Network Benefits				
Deductible (Individual / Family)	\$200 / \$400	\$450 / \$900	\$50 / \$100	\$300 / \$600
Coinsurance	10%	10%	10%	10%
Coinsurance Out-of-Pocket Maximum <i>Once this limit is reached, coinsurance is reduced to 0% for the remainder of the plan year and only copays will continue to be charged and accumulate toward the Overall Out-of-Pocket Max</i>	\$500	\$750	\$250	\$500
Overall Out-of-Pocket Maximum (In-Network & Out-of-Network)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Office Visits Preventative Care PCP / Specialist Diagnostic Lab / X-Ray Urgent Care Acupuncture *NEW*	Covered \$20 / \$30 Deductible then 10% \$50 \$20	Covered \$30 / \$40 Deductible then 10% \$50 \$20	Covered \$15 / \$25 Deductible then 10% \$50 \$20	Covered \$25 / \$35 Deductible then 10% \$50 \$20
Hospital Visits Inpatient Care Outpatient Surgery Major Diagnostics/Imaging Emergency Room	Deductible then 10% Deductible then 10% Deductible then 10% \$100	Deductible then 10% Deductible then 10% Deductible then 10% \$100	Deductible then 10% Deductible then 10% Deductible then 10% \$100	Deductible then 10% Deductible then 10% Deductible then 10% \$100
Out-of-Network Benefits				
Deductible (Individual / Family)	\$450 / \$900	\$950 / \$1,900	In-network only except in the case of true medical emergency.	In-network only except in the case of true medical emergency.
Coinsurance	20%	20%		
Coinsurance Out-of-Pocket Maximum <i>Once this limit is reached, coinsurance is reduced to 0% for the remainder of the plan year and only copays will continue to be charged and accumulate toward the Overall Out-of-Pocket Max</i>	\$1,500	\$2,250		