MEDHELP 280

*ABBREVIATED SUMMARY COMPARISON

	CURRENT PRIMARY MEDICAL PLAN PPO	BEAZLEY SUPPLEMENTAL GAP PLAN $3,000 Inpatient Maximum, $2,000 Outpatient Maximum (2X Family Maximum)
Calendar Year Deductible	TIER 1 $1,000 individual, $2,000 family TIER 2 $3,000 individual, $6,000 family	$3,000 Inpatient Maximum $2,000 Outpatient Maximum Paid by GAP
Coinsurance after Deductible (when applicable)	20% Coinsurance Paid by Member (after calendar year deductible)	$3,000 Inpatient Maximum $2,000 Outpatient Maximum Paid by GAP
Out of Pocket Maximum	Tier 1 $2,000 individual, $4,000 family Tier 2 $5,000 individual, $10,000 family	$3,000 Inpatient Maximum $2,000 Outpatient Maximum Paid by GAP
INPATIENT FACILITY & PHYSICIAN SERVICES (LOWER MEMBER COST SHARE)		
Hospitalization Services	20% coinsurance *after* calendar year deductible	$3,000 Inpatient Maximum Paid by GAP
Physician Services	20% coinsurance *after* calendar year deductible	$3,000 Inpatient Maximum Paid by GAP
OUTPATIENT FACILITY & PHYSICIAN SERVICES		
Outpatient Facility & Ambulatory Surgical Centers (Diagnostic Scans & x-rays)	20% coinsurance *after* calendar year deductible	$2,000 Outpatient Maximum paid by GAP
Physician Services surgery, anesthesia, etc.	20% coinsurance *after* calendar year deductible	$2,000 Outpatient Maximum paid by GAP
Physician Diagnostic Services (chemo & radiation therapy, diagnostic lab, x-ray, & pathology)	20% coinsurance *after* calendar year deductible	$2,000 Outpatient Maximum paid by GAP
Emergency Room Facility Services ER Physician Services	20% coinsurance *after* calendar year deductible	$2,000 Outpatient Maximum paid by GAP
Allergy Testing & Treatment & Chiropractic Care	20% coinsurance *after* calendar year deductible (see Medical Policy for Guidelines & Limitations)	No Additional Benefit Provided By GAP
Ambulance Services	20% *after* calendar year deductible	$250 Maximum Benefit Payment By Gap per insured per Benefit Year
Primary Physician Office Visit -Specialist Physician Office Visit	$50 Copay, not subject to deductible $60 Copay, not subject to deductible	No Additional Benefit Provided By Gap
Telemedicine (Virtual Physician Care)	N/A	No Additional Benefit Provided By GAP
Prescription Drugs	(tier-based) Tier 1 $5 / $15 / $30 Tier 2 $10 $30 / $60	No Additional Benefit Provided By GAP

*Abbreviated Summary of Comparison prepared by Providence Benefits. Gap Plan Exclusions apply. This is not a binding contract or benefit booklet. Benefits are subject to the terms, limitations and conditions set forth in your contract with your primary medical insurance and/or GAP plan. Please refer to your benefit booklet or contact your medical and/or GAP insurance plan for additional information.

BEAZLEY 11/09/2020