



Plan Design	Bronze	Silver	Gold	Platinum
Network	PHCS	PHCS	PHCS	PHCS
Wellness & Preventative	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Virtual Behavioral Health	*	\$50 Copay (3X/year)	\$50 Copay (3X/year)	\$0 Copay (Unlimited)
Primary Care Office Visit	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)
Specialist Office Visit	Network Discount	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)	\$15 Copay (Unlimited)
Urgent Care Visit	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)
Lab Services	Network Discount	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)
X-Rays	Network Discount	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)	\$50 Copay (Unlimited)
RX Copay by Tier Level	\$15 / \$30 / \$50 / \$75	\$15 / \$30 / \$50 / \$75	\$15 / \$30 / \$50 / \$75	\$15 / \$30 / \$50 / \$75
Hospital Indemnity				
Admission Benefit	*	*	\$2,000 (1x/Yr.)	\$2,500 (1x/Yr.)
Confinement Benefit	*	*	\$50 /Day (30x/Yr.)	\$200 /Day (30x/Yr.)
Inpatient Rehabilitation	*	*	*	\$100 /Day (15x/Yr.)
Inpatient Surgery	*	*	*	\$1,000 (1x/Yr.)
Outpatient Surgery	*	*	\$250/\$500 (1x/Yr.)	\$750/\$1,500 (1x/Yr.)
Ambulance Benefit	*	*	*	\$500Air Trans. (2x/Yr.) \$200 ground trans (2x/Yr.)
Diagnostic Procedure	*	*	\$250(1x/Yr.)	\$250(1x/Yr.)
Emergency Room	*	*	*	\$100/Day (1x/Yr.)
Health Screening	*	*	*	\$50 (1x/Yr.)
Dependent Age Limit	Dependent to age 26	Dependent to age 26	Dependent to age 26	Dependent to age 26
Portability	*	*	Included	Included
Life Insurance	*	*	\$7,000	\$7,000
RATES				
Member Only	\$135.00	\$176.00	\$188.50	\$288.50
Member + Spouse	\$244.00	\$340.00	\$269.50	\$521.50
Member + Child(ren)	\$244.00	\$320.00	\$269.50	\$494.50
Member + Family	\$354.00	\$492.00	\$358.00	\$791.00