



## HEALTH PLUS PLAN COMPARISON SHEET

Benefit	Saver	Portfolio 70%		Portfolio 80	
	\$5,000	\$10,000	\$7,500	\$7,500	\$5,000
Primary Care Office Visit	\$0 after deductible	30% after deductible		\$30	
Specialist Office Visit	\$0 after deductible	30% after deductible		\$50	
Eye Exam	\$0 after deductible	30% after deductible		\$30	
Preventive Services	No charge	No charge		No charge	
Immunizations	No charge	No charge		No charge	
Standard Lab & X-Ray	0% after deductible	No charge		No charge	
Diagnostic Radiology	0% after deductible	30% after deductible		20% after deductible	
Outpatient Surgery	0% after deductible	30% after deductible		20% after deductible	
Inpatient Hospitalization	0% after deductible	30% after deductible		20% after deductible	
Emergency Room	0% after deductible	30% after deductible		20% after deductible	
Urgent Care	0% after deductible	30% after deductible		20% after deductible	
Ambulance	0% after deductible	30% after deductible		20% after deductible	
Contract Year Deductible* (Individual/Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,500 / \$15,000	\$7,500 / \$15,000	\$5,000 / \$10,000
Contract Year Out-of-Pocket Maximum (Individual /Family)	\$5,600 / \$10,200	\$15,000 / \$30,000	\$12,500 / \$25,000	\$12,500 / \$25,000	\$10,000 / \$20,000