



HEALTH PLUS PLAN COMPARISON SHEET

Benefit	Saver		Portfolio 70		Portfolio 80						Health Plus V
	5000	3000	10000	7500	7500	5000	2500	1500	750	500	
Primary Care Doctor Office Visit	\$0 after deductible		30% after deductible		\$30			\$30			\$30
Specialist Office Visit	\$0 after deductible		30% after deductible		\$50			\$30			\$30
Eye Exam	\$0 after deductible		30% after deductible		\$30			\$30			\$30
Preventive Services	No charge										\$30
Immunizations (age appropriate)	No charge										
Standard Lab & X-Ray	0% after deductible		No charge		No charge			No charge			No charge
Diagnostic Radiology	0% after deductible		30% after deductible		20% after deductible			20% after deductible			No charge
Outpatient Surgery	0% after deductible		30% after deductible		20% after deductible			20% after deductible			\$30
Inpatient Hospitalization	0% after deductible		30% after deductible		20% after deductible			20% after deductible			\$150 / Day
Emergency Room	0% after deductible		30% after deductible		20% after deductible			20% after deductible			\$200 / Visit
Urgent Care	0% after deductible		30% after deductible		20% after deductible			20% after deductible			\$100 / Visit
Ambulance	0% after deductible		30% after deductible		20% after deductible			20% after deductible			No charge
Contract Year Deductible* (Individual/Family)	\$5,000 \$10,000	\$3,000 \$6,000	\$10,000 \$20,000	\$7,500 \$15,000	\$7,500 \$15,000	\$5,000 \$10,000	\$2,500 \$5,000	\$1,500 \$3,000	\$750 \$1,500	\$500 \$1,000	None
Contract Year Out-of-Pocket Maximum (Individual /Family)	\$5,600 \$10,200	\$5,600 \$10,200	\$15,000 \$30,000	\$12,500 \$25,000	\$12,500 \$25,000	\$10,000 \$20,000	\$7,500 \$15,000	\$4,500 \$9,000	\$3,750 \$7,500	\$3,500 \$7,000	200% of total contract year premium
Lifetime Maximum (per member)	\$5 million										None

NOTE: *Contract year deductible, co-pays and co-insurance apply to the Contract Year Out-of-Pocket (OOP) Maximum

EXAMPLE: A member has the Portfolio 500 plan. They are treated and released from the Emergency Room (ER). Total expenses for the ER visit is \$20,000. The member will pay: \$500 Deductible (\$20,000 - \$500 = \$19,500) plus 20% co-insurance (\$19,500 x 20% = \$3,900). Since the OOP maximum is \$3,500 (per individual), the member will pay their OOP Maximum of \$3,500 (\$500 Contract Year Deductible and \$3,000). Once the OOP Maximum has been satisfied, the member will not pay a co-pay or co-insurance for the remainder of the contract year. The member will still be responsible for plan premiums.