

I Want My Plan to have...	<i>A low deductible and office co-pays.</i>	<i>A higher deductible in exchange for lower premiums.</i>	<i>The lowest premium; office co-pays with a larger deductible for major medical.</i>	<i>Health Savings Account (HSA) compatibility</i>
Plan Coverage Options >	<b>MyPlan 80 Premier</b>	<b>MyPlan 80</b>	<b>MyPlan 100</b>	<b>MyPlan 100 HSA</b>
<b><u>In-Network Deductible (Individual / Family)</u></b>	<input type="checkbox"/> \$500 / \$1,000 <input type="checkbox"/> \$750 / \$1,500 <input type="checkbox"/> \$1,000 / \$2,000	<input type="checkbox"/> \$1,500 / \$3,000 <input type="checkbox"/> \$2,500 / \$5,000 <input type="checkbox"/> \$5,000 / \$10,000 <input type="checkbox"/> \$7,500 / \$15,000 <input type="checkbox"/> \$10,000 / \$20,000	<input type="checkbox"/> \$7,500 / \$15,000 <input type="checkbox"/> \$10,000 / \$20,000 <input type="checkbox"/> \$15,000 / \$30,000 <input type="checkbox"/> \$20,000 / \$40,000	<input type="checkbox"/> \$2,500 / \$5,000 <input type="checkbox"/> \$5,000 / \$10,000
<b>Out of network deductible</b>	2x in-network deductible	2x in-network deductible	2x in-network deductible	2x in-network deductible
<b><u>In-Network Coinsurance Amount Not including deductible</u></b>	\$3,000 per person \$6,000 per family	\$3,000 per person \$6,000 per family	\$0* per person \$0* per family	\$0* per person \$0* per family
<b><u>Out of network Coinsurance Amount Not including deductible</u></b>	\$6,000 per person \$12,000 per family	\$6,000 per person \$12,000 per family	\$10,000 per person \$20,000 per family	\$10,000 per person \$20,000 per family
<b><u>Primary / specialist office visits – In network</u></b> Includes Lab & X-ray in doctor's office Preventive services covered at 100% on all plans	\$25 / \$25	\$25 / \$50	Visits 1-3: \$30/\$30 Visits 4+: 0% after deductible	0% after deductible
<b><u>Out of network office visits</u></b>	50% after deductible	50% after deductible	Deductible 30%	30% after deductible
<b><u>Urgent Care – In network &amp; out of network</u></b>	\$75 co-pay	\$75 co-pay	0% after In network deductible	0% after In network deductible
<b><u>Emergency Room – In network &amp; out of network</u></b>	20% after In-network deductible	20% after In-network deductible	0% after In-network deductible	0% after In-network deductible
<b><u>Standard Lab and X-ray – In network</u></b>	20% after deductible	20% after deductible	0% after deductible	0% after deductible
<b><u>Out of network</u></b>	50% after deductible	50% after deductible	30% after deductible	30% after deductible
<b><u>Inpatient/Outpatient Hospital – In network</u></b>	20% after deductible	20% after deductible	0% after deductible	0% after deductible
<b><u>Out of network</u></b>	50% after deductible	50% after deductible	30% after deductible	30% after deductible
<b><u>Prescription Coverage at a participating pharmacy</u></b>	Preferred generic: \$10 Preferred brand: \$30 Non-Preferred brand: \$50	Generic: \$3 co-pay, no deductible All other approved drugs: \$250 drug deductible per person then 50%		Generic: 0% after deductible All other approved drugs: 0% after deductible
<b><u>Prescriptions from a non-network pharmacy</u></b>	Out of network medical deductible then 50%		Out of network medical deductible then 50%	Out of network medical deductible then 50%
<b>Customize your coverage with additional benefits</b>	<input type="checkbox"/> <b><u>Dental Coverage:</u></b> Oral exams and cleanings are covered 100%, sealants, fillings, root canals covered at 50%, Crowns, bridge work covered at 25% <input type="checkbox"/> <b><u>Term Life Insurance:</u></b> \$25,000 of life insurance is available, as well as amounts for spouse and dependents. <input type="checkbox"/> <b><u>Cancer income protection policy:</u></b> Pays to you \$5,000 upon initial diagnosis <i>and</i> additional cash benefits for various services related to treating cancer. <input type="checkbox"/> <b><u>Hospitalization income protection policy:</u></b> We pay you cash during daily Hospital confinement, including intensive care.			

\*Specialty drugs have a separate \$750 per person, \$1,500 per family annual out of pocket max after deductible.

<sup>2</sup> Dental and life insurance products underwritten by MetLife Insurance Co.