### Benefit Summary for PPO Health Coverage

**Benefit Item** | **Preferred** | **Non-Preferred**
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Each PPO Subgroup May Choose 1 of 4 Deductible Options:

**Individual Deductible**
- Deductible Option 1: $500 | $1,000
- Deductible Option 2: $750 | $1,500
- Deductible Option 3: $950 | $1,900
- Deductible Option 4: $1,250 | $2,500

**Family Deductible Maximum**
- Twice Deductible

**Coinsurance - All Options**
- 20% | 40%

**Individual Out-of-Pocket Maximum by Deductible Option**
- Deductible Option 1: $4,000 | $8,000
- Deductible Option 2: $4,250 | $8,500
- Deductible Option 3: $4,450 | $8,900
- Deductible Option 4: $4,750 | $9,500

**Family Out-of-Pocket Maximum**
- 2x Individual

### Combined Maximum Includes Deductible, Coinsurance, and Copays for all Services Including Prescription Drugs

**Lifetime Maximum**
- Unlimited

**Office Visit Copay**
- Primary Copay: $30 Ded & Coins
- Specialist Copay: $50 Ded & Coins

**Inpatient Hospital**
- Ded & Coins

**Outpatient Hospital**
- Ded & Coins

**Emergency Services**
- Urgent Care: $50 Copay, Ded & Coins
- Emergency Room: $75 Copay, Ded & Coins

**Prescription Drugs**
- Generic Copay: 25% Coins ($5 minimum, $25 maximum)
- Formulary Brand Copay: 25% Coins ($30 minimum, $60 maximum)
- Non-Formulary Brand Copay: 50% Coins ($60 minimum, $90 maximum)
- In Network Specialty Copay (30 Day Supply): 25% Coins ($50 minimum, $100 maximum)
- Out of Network Specialty Copay (30 Day Supply): 50% Coins ($150 minimum, $300 maximum)
- Formulary Diabetic Supplies: 20%
- Non-Formulary Diabetic Supplies: 30%
- Ostomy Supplies: 20%
- Mail Order Maximum: 180 Days Supply
- Mail Order Copay: 1 Copay per 30 Days Supply with 5 Copay Maximum

**Preauthorization Programs Included**
- Gastroprotective NSAIDs and Proton Pump Inhibitors

**Preventive Services**
- Covered at 100%

**Mental Health and Substance Abuse**
- Inpatient: Ded & Coins
- Outpatient: Ded & Coins