		Lite	Traditional
PPO Network		PHCS Practitioner & Ancillary Network	
Deductible Options		\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	
Coinsurance		80/20	
Coinsurance Limit		\$2,000	
Coverage Period Maximum Benefit Options		\$250,000, \$500,000, \$1,000,000	
Doctor Office Visits*			
Copay - Primary Care Physician or Urgent Care Facility Visit	Option 1	\$25 per Visit, 2 Visits per Covered Person per Coverage Period	\$15 per Visit, Unlimited Visits per Covered Person per Coverage Period
	Option 2	\$25 per Visit, Unlimited Visits per Covered Person per Coverage Period	
Copay - Specialist Physician Visit	Option 1	\$40 per Visit, 2 Visits per Covered Person per Coverage Period	\$25 per Visit, Unlimited Visits per Covered Person per Coverage Period
	Option 2	\$40 per Visit, Unlimited Visits per Covered Person per Coverage Period	
Urgent Care Facility Additional Deductible		None	\$100
Copay - Wellness Visit		\$50 per Visit, Maximum 1 Visit per Covered Person per Coverage Period. Not subject to Deductible and Coinsurance.	

* Physician Office Visits and Urgent Care Facility visits in excess of the number of Visits covered by the Copayments are subject to Deductible and Coinsurance.
Urgent Care Facility Visits are also subject to the Urgent Care Facility Additional Deductible shown above. Additional services performed during a Physician

		Traditional
npatient Hospital Covered Ex	penses	
n Hospital Regular Care	Subject to Deductible and Coinsurance. The Average Semi-Private Room Rate up to \$1,500 per day including all Inpatient miscellaneous medical expenses except for professional fees.	Subject to Deductible and Coinsurar
n Hospital Intensive or critical Care	Subject to Deductible and Coinsurance, up to \$2,000 per day including all Inpatient miscellaneous medical expenses except for professional fees.	Subject to Deductible and Coinsurar
n Hospital Physician Visits	Subject to Deductible and Coinsurance, up to \$50 per day up to a maximum \$500 per Coverage Period.	Subject to Deductible and Coinsurar
urgical Covered Expenses		
Outpatient Hospital Surgery or Ambulatory Surgical Center	Subject to Deductible and Coinsurance, up to \$1,500 per day including all miscellaneous medical expenses except for professional fees.	Subject to Deductible and Coinsura
urgical Services	Subject to Deductible and Coinsurance, up to \$5,000 per Surgery for all surgical services combined, and up to \$10,000 per Coverage Period.	Subject to Deductible and Coinsurar
ssistant Surgeon	Subject to Deductible and Coinsurance, up to \$1,000 per Surgery for all Assistant Surgeon services combined, and up to \$2,000 per Coverage Period.	Subject to Deductible and Coinsura
nesthesia	Subject to Deductible and Coinsurance, up to \$1,000 per Surgery for all anesthesia services combined, and up to \$2,000 per Coverage Period.	Subject to Deductible and Coinsural
100	Lite	Traditional
iscellaneous Medical Covered		Traditional
		Subject to the Emergency Room Additional Deductible shown below then Deductible and Coinsurance. The Additional Deductible sive if admitted within 24 hours of Emergency Room Treatment.
iscellaneous Medical Covered mergency Room Treatment mergency Room dditional Deductible	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment. Up to \$350 per visit including the Emergency Room Physician charge, observation and all miscellaneous medical expenses	Subject to the Emergency Room Additional Deductible shown below then Deductible and Coinsurance. The Additional Deductible is waive if admitted within 24 hours of
mergency Room Treatment	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment. Up to \$250 per visit including the Emergency Room Physician change, observation and all miscellaneous medical expenses received during the ER visit.	Subject to the Emergency Room Additional Deductible shown below then Deductible and Coinsurance. The Additional Deductible is waite that the properties of the Coinsurance of Emergency Room Treatment. \$250 e and Coinsurance, Ground Ambulance,
mergency Room Treatment mergency Room dditional Deductible mbulance, Ground or Air	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment. Up to \$250 per Room Treatment. Up to \$250 per Room Treatment. Up to \$250 per Rhysician charge, observation and all miscellaneous medical expenses received during the ER visit. None Subject to Deductible up to \$500 per trip for	Subject to the Emergency Room Additional Deductible shown below then Deductible and Coinsurance. The Additional Deductible is waite that the properties of the Coinsurance of Emergency Room Treatment. \$250 e and Coinsurance, Ground Ambulance,
mergency Room Treatment mergency Room dditional Deductible mbulance, Ground or Air utpatient Miscellaneous ospital Expenses	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Temegracy Room Treatment. Up to \$250 per well including the Emergency Room all miscellaneous medical expenses received during the ER visit. None Subject to Deductible up to \$500 per trip for up to \$1,000 per trip Subject to Deductible and Coinsurance, up to \$1,500 excluding Ostonations.	Subject to the Emergency Room Additional Deductible shown below then Deductible and Coinsur area. The Additional Deductible is waive if admitted within 24 hours of Emergency Room Treatment. \$250 e and Coinsurance, Ground Ambulance, for Air Ambulance. Subject to Deductible and Coinsura
mergency Room Treatment mergency Room dditional Deductible	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if some state of the Coincide of the Coi	Subject to the Emergency Room Additional Deductible shown below then Deductible and Coinsurance. The Additional Deductible is waive if admitted within 24 hours of Emergency Room Treatment. \$250 le and Coinsurance, Ground Ambulance, for Air Ambulance. Subject to Deductible and Coinsura le and Coinsurance and Coinsurance, and C
mergency Room Treatment mergency Room dditional Deductible mbulance, Ground or Air uupatient Miscellaneous ospital Expenses ther Outpatient Miscellaneous tedical Services heraps (Services - Physical herapist, Speech Phrapist and	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if an experiment of the Coinsurance of the Coinsur	Subject to the Emergency Room Additional Deductible shown below then Deductible and Coinsurance. The Additional Deductible is waive if admitted within 24 hours of Emergency Room Treatment. \$250 le and Coinsurance, Ground Ambulance, for Air Ambulance. Subject to Deductible and Coinsural to Deductible and Coinsurance, and Coinsurance, subject to Deductible and Coinsural to Deductible and Coinsurance, and Coins
mergency Room Treatment mergency Room dditional Deductible mbulance, Ground or Air utpatient Miscellaneous ospital Expenses spital Expenses tedical Services herapy Services - Physical herapist, Speech Therapist and cupational Therapist urable Medical Equipment and edical Supplies	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance, then Deductible and Coinsurance and admitted within 24 hours of Emergency Room Treatment. Up to \$350 per visit including the Emergency Room Physician charge, observation and all miscellaneous medical expenses received during the ER visit. None Subject to Deductible up to \$500 per trip for up to \$1,000 per trip Subject to Deductible and Coinsurance, up to \$1,500 excluding Outpatient surgery per Coverage Period. Subject to Deductible Subject to Deductible Subject to Deductible of the Deductible and Subject to Deductible Subject to Deductible and Subject S	Subject to the Emergency Room Additional Deductible shown belot then Deductible and Coinsurance. The Additional Deductible is waive if admitted within 24 hours of Emergency Room Treatment. \$250 The and Coinsurance, For Air Ambulance, for Air Ambulance. Subject to Deductible and Coinsura te and Coinsurance, maximum of 15 days ge Period. Le and Coinsurance and Coinsurance, and Coinsurance, and Coinsurance, and Coinsurance, and Coinsurance, and Coinsurance, and Coinsurance
mergency Room Treatment mergency Room dditional Deductible mbulance, Ground or Air utpatient Miscellaneous ospital Expenses ther Outpatient Miscellaneous edical Services - Physical herappis Tyrices - Physical herappis Tyri	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if some state of the Coinsurance of the Coinsuranc	Subject to the Emergency Room Additional Deductible shown below then Deductible and Consur area. The Additional Deductible is waive to additional to the Additional Deductible is waive to a transmence, Ground Ambulance, for Air Ambulance, for Air Ambulance. Subject to Deductible and Coinsura the and Coinsurance and Coinsurance a maximum of 15 days ge Period. Le and Coinsurance and Coinsurance and Coinsurance, overage Period and Coinsurance, and Coinsurance

	per Coverage Period.		
	Lite	Traditional	
Other Covered Expenses			
Organ, Tissue, Bone Marrow Transplants	Subject to Deductible and Coinsurance, up to \$50,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance, up to \$100,000 per Coverage Period for all Covered Expenses including Inpatien Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	
Skilled Nursing Facility	Subject to Deductible and Coinsurance, up to \$100 per day and 30 days per Coverage Period.		
Hospice Care	Subject to Deductible and Coinsurance, up to \$5,000 per Coverage Period.		
Acquired Immune Deficiency Syndrome (AIDS)	Subject to Deductible and Coinsurance, up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.		
Joint/Tendon Surgery			
Knee Injury or Disorder for both left and right knees			
Gallbladder Surgery	Subject to Deductible and Coinsurance, up to \$3,000 per Coverage Period for all Covered Expenses		
Appendectomy	including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.		
Kidney Stones			
Temporomandibular Joint Disorder (TMJ)			