

	Lite	Traditional
PPD 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
	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
	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 Office Visit or an Urgent Care Facility Visit will be subject to Deductible and Coinsurance.

	Lite	Traditional
Inpatient Hospital Covered Expenses		
In 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 Coinsurance
In 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 Coinsurance
In 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 Coinsurance
Surgical 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 Coinsurance
Surgical 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 Coinsurance
Assistant 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 Coinsurance
Anesthesia	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 Coinsurance

	Lite	Traditional
Miscellaneous Medical Covered Expenses		
Emergency 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 charge, 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 waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	None	\$250
Ambulance, Ground or Air	Subject to Deductible and Coinsurance, up to \$500 per trip for Ground Ambulance, up to \$1,000 per trip for Air Ambulance.	
Outpatient Miscellaneous Hospital Expenses	Subject to Deductible and Coinsurance, up to \$1,500 excluding Outpatient surgery per Coverage Period.	Subject to Deductible and Coinsurance
Other Outpatient Miscellaneous Medical Services	Subject to Deductible and Coinsurance	
Therapy Services - Physical Therapist, Speech Therapist and Occupational Therapist	Subject to Deductible and Coinsurance, up to \$30 per day and a maximum of 15 days per Coverage Period.	
Durable Medical Equipment and Medical Supplies	Subject to Deductible and Coinsurance	
Bone Density Testing	Subject to Deductible and Coinsurance, up to \$150 per Coverage Period	
Home Health Care	Subject to Deductible and Coinsurance, up to \$30 per day and a maximum of 30 days 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 Inpatient 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 including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	
Appendectomy		
Kidney Stones		
Temporomandibular Joint Disorder (TMJ)		