

INCLUSIVE HEALTH STATE OPTION VERSUS FEDERAL OPTION

| | PPO 1000S | PPO 1000F | PPO 2500S | PPO 2500F | PPO 3500S | PPO 3500F | HDHP 5000S | HDHP 4500F |
|--|--|--|--|--|--|--|--|--|
| General Policy Provisions | | | | | | | | |
| Annual deductible | \$1,000 Applies to medical | \$1,000 Applies to medical | \$2,500 Applies to medical | \$2,500 Applies to medical | \$3,500 Applies to medical | \$3,500 Applies to medical | \$5,000 Applies to medical | \$4,500 Applies to medical and drug |
| Coinsurance | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 100% in network 100% out of network | 100% in network 100% out of network |
| Annual out of pocket maximum medical and prescription drug benefits (including deductible) | \$2000 in network \$4,000 out of network | \$5,950 in network \$7,000 out of network | \$4,000 in network \$5,000 out of network | \$5,950 in network \$7,000 out of network | \$6,000 in network, \$7,000 out of network | \$5,950 in network \$7,000 out of network | \$5,000 in network \$5,000 out of network | \$4,500 in network \$4,500 out of network |
| Lifetime maximum | \$1 million | \$1 million | \$1 million | \$1 million | \$1 million | \$1 million | \$1 million | \$1 million |
| Inpatient Care | | | | | | | | |
| Medical/surgical | covered | covered | covered | covered | covered | covered | covered | covered |
| Mental health, Substance abuse-Severe Illness | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 80% in network 50% out of network | 100% in network 100% out of network | 100% in network 100% out of network |
| Mental health, Substance abuse-Other Mental Illness | 80% in network 50% out of network- Maximum of 30 days I/P care per Calendar Year | 80% in network 50% out of network | 80% in network 50% out of network- Maximum of 30 days I/P care per Calendar Year | 80% in network 50% out of network | 80% in network 50% out of network- Maximum of 30 days I/P care per Calendar Year | 80% in network 50% out of network | 100% in network 100% out of network- Maximum of 30 days I/P care per Calendar Year | 100% in network 100% out of network |
| Outpatient Hospital Care | | | | | | | | |
| Emergency Room | \$150 copay, waived if admitted | \$150 copay, waived if admitted | \$150 copay, waived if admitted | \$150 copay, waived if admitted | \$150 copay, waived if admitted | \$150 copay, waived if admitted | Covered | Covered |

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| Urgent Care center | \$40 copay | \$40 copay | \$40 copay | \$40 copay | \$40 copay | \$40 copay | Covered | Covered |
| Outpatient Surgery | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Mental health, Substance abuse | 80% in network, 50% out of network-Maximum of 30 O/P visits per Calendar Year | Covered | 80% in network, 50% out of network-Maximum of 30 O/P visits per Calendar Year | Covered | 80% in network, 50% out of network-Maximum of 30 O/P visits per Calendar Year | Covered | 100% in network, 100% out of network-Maximum of 30 O/P visits per Calendar Year | Covered |
| Physical, occupational and speech therapy | 80% in network, 50% out of network-Maximum of 30 visits per Calendar Year | Covered | 80% in network, 50% out of network-Maximum of 30 visits per Calendar Year | Covered | 80% in network, 50% out of network-Maximum of 30 visits per Calendar Year | Covered | 100% in network, 100% out of network-Maximum of 30 visits per Calendar Year | Covered |
| Physician Care | | | | | | | | |
| Office visits-Primary Care | \$20 copay in network, 50% out of network | \$20 copay in network, 50% out of network | \$20 copay in network, 50% out of network | \$20 copay in network, 50% out of network | \$20 copay in network, 50% out of network | \$20 copay in network, 50% out of network | Covered | Covered |
| Office visits-Specialist | \$40 copay in network, 50% out of network | \$40 copay in network, 50% out of network | \$40 copay in network, 50% out of network | \$40 copay in network, 50% out of network | \$40 copay in network, 50% out of network | \$40 copay in network, 50% out of network | Covered | Covered |
| Obesity visits | Covered, Maximum of 4 visits per calendar year | Covered, Maximum of 4 visits per calendar year | Covered, Maximum of 4 visits per calendar year | Covered, Maximum of 4 visits per calendar year | Covered, Maximum of 4 visits per calendar year | Covered, Maximum of 4 visits per calendar year | Covered, Maximum of 4 visits per calendar year | Covered, Maximum of 4 visits per calendar year |
| Other physician care | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Preventive Care | | | | | | | | |
| Childhood immunizations | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network |
| Screenings (mandated) | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network |

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| Routine medical care-PCP | \$20 copay in network, 50% out of network | 100% in and out of network | \$20 copay in network, 50% out of network | 100% in and out of network | \$20 copay in network, 50% out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network |
| Routine medical care-Specialist | \$40 copay in network, 50% out of network | 100% in and out of network | \$40 copay in network, 50% out of network | 100% in and out of network | \$40 copay in network, 50% out of network | 100% in and out of network | 100% in and out of network | 100% in and out of network |
| Other Services | | | | | | | | |
| Allergy tests and injections | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Ambulance | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Chiropractic | Covered, 30 visit calendar year limit | Covered, 30 visit calendar year limit | Covered, 30 visit calendar year limit | Covered, 30 visit calendar year limit | Covered, 30 visit calendar year limit | Covered, 30 visit calendar year limit | Covered, 30 visit calendar year limit | Covered, 30 visit calendar year limit |
| Dentistry and oral surgery | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth | Covered for accidental injuries and oral surgery for excision of unerupted impacted teeth |
| Diabetes care | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Dialysis | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Durable medical equipment | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Home health care | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Hospice care | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |
| Maternity care | Only complications are covered | Covered | Covered | Covered | Only complications are covered | Covered | Only complications are covered | Covered |
| Reconstructive or cosmetic surgery | Cover breast reconstruction after mastectomy | Cover breast reconstruction after mastectomy | Cover breast reconstruction after mastectomy | Cover breast reconstruction after mastectomy | Cover breast reconstruction after mastectomy | Cover breast reconstruction after mastectomy | Cover breast reconstruction after mastectomy | Cover breast reconstruction after mastectomy |
| Skilled nursing facility | Covered up to 60 days per calendar year | Covered up to 60 days per calendar year | Covered up to 60 days per calendar year | Covered up to 60 days per calendar year | Covered up to 60 days per calendar year | Covered up to 60 days per calendar year | Covered up to 60 days per calendar year | Covered up to 60 days per calendar year |

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| TMJ | Covered up to \$3,500 lifetime maximum | Covered up to \$3,500 lifetime maximum | Covered up to \$3,500 lifetime maximum | Covered up to \$3,500 lifetime maximum | Covered up to \$3,500 lifetime maximum | Covered up to \$3,500 lifetime maximum | Covered up to \$3,500 lifetime maximum | Covered up to \$3,500 lifetime maximum |
| Transplants | Covered, limited to \$100,000 if not a in-network Center of Excellence | Covered, limited to \$100,000 if not a in-network Center of Excellence | Covered, limited to \$100,000 if not a in-network Center of Excellence | Covered, limited to \$100,000 if not a in-network Center of Excellence | Covered, limited to \$100,000 if not a in-network Center of Excellence | Covered, limited to \$100,000 if not a in-network Center of Excellence | Covered, limited to \$100,000 if not a in-network Center of Excellence | Covered, limited to \$100,000 if not a in-network Center of Excellence |
| Prescription Drugs | | | | | | | | |
| Prescription drug copays | \$10/\$40 Not subject to Deductible, coinsurance or out of pocket | \$10/\$40 Not subject to Deductible, coinsurance or out of pocket. Copays apply to out of pocket | \$10/\$40 Not subject to Deductible, coinsurance or out of pocket | \$10/\$40 Not subject to Deductible, coinsurance or out of pocket. Copays apply to out of pocket | \$10/\$40 Not subject to Deductible, coinsurance or out of pocket | \$10/\$40 Not subject to Deductible, coinsurance or out of pocket. Copays apply to out of pocket | Deductible, coinsurance and max out of pocket apply | Deductible, coinsurance and max out of pocket apply |
| Injectables | Lesser of 20% or \$250 copay Not subject to Deductible, coinsurance or out of pocket. Annual max of \$100,000 | Lesser of 20% or \$250 copay Not subject to Deductible, coinsurance or out of pocket. Copay/ coinsurance apply to out of pocket. Annual max of \$100,000 | Lesser of 20% or \$250 copay Not subject to Deductible, coinsurance or out of pocket. Annual max of \$100,000 | Lesser of 20% or \$250 copay Not subject to Deductible, coinsurance or out of pocket. Copay/ coinsurance apply to out of pocket. Annual max of \$100,000 | Lesser of 20% or \$250 copay Not subject to Deductible, coinsurance or out of pocket. Annual max of \$100,000 | Lesser of 20% or \$250 copay Not subject to Deductible, coinsurance or out of pocket. Copay/ coinsurance apply to out of pocket. Annual max of \$100,000 | Deductible, coinsurance and max out of pocket apply. Annual maximum of \$100,000 | Deductible, coinsurance and max out of pocket apply |
| Contraceptives | Covered | Covered | Covered | Covered | Covered | Covered | Covered | Covered |