

Life Center Total Health Care Options Effective 10-1-2015

BENEFIT	High Option - Plan T524	Low Option - Plan 2B3000A
	IN-NETWORK	IN-NETWORK
Annual Deductible	no deductible	\$3,000 Individual / \$6,000 family
Co-Insurance	100%	100%
Co-Insurance Maximum	None	\$3,500 individual / \$7,000 family
Total Out of Pocket Maximum <small>(includes deductible & copays)</small>	None	\$6,350 individual / \$12,700 family
Preventive Services	\$20	100% covered
PCP Office Visit	\$20	\$20
Specialist Office Visit	\$20	\$40
Chiropractic Copay	\$20	\$40
Urgent Care Copay	100% covered	\$40
ER Facility Copay	\$40	\$100
P/O/C/S/H Therapy	100% covered	\$40
Lab and Pathology Tests	100% covered	100% covered
Diagnostic Test and X-rays	100% covered	100% covered
Allergy Injection Copay	\$20	\$40
Inpatient Hospital Services	\$250 copay per admission	subject to deductible
Outpatient Hospital Services	\$100 copay per procedure	subject to deductible
Inpatient Mental Health Services	100% covered	subject to deductible
Outpatient Mental Health Services	100% covered	\$40
Ambulance Services	\$75	\$75
Skilled Nursing	100% covered	subject to deductible
Home Health Care	100% covered	100% covered
Durable Medical	100% covered	100% covered
Prescription Copay	\$10 Generic/\$20 Brand Name	\$20 Generic/\$40 Brand Name
Maximum Benefit	No Limit	No Limit

Employee Bi-Weekly Cost	High Option	Low Option
Single	\$84.70	\$46.00
Double	\$256.77	\$176.15
Family	\$346.82	\$244.25

The above bi-weekly rates include Total Health Care medical and Met Life dental

The benefits described above are intended to be only a summary description. For details, please review the Certificate of Coverage Agreement.