



Significa PPO PA Options

Individual (I) Family (F)

PPO Plans		Deductible		Coinsurance		Out-of-Pocket Maximum (Deductible + Coinsurance)		Office Visit			
		Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred		
PPO 0	Option 1	\$0	\$500 I	100%	80%	\$0	\$2,000 I	\$20 Physician	80%		
		\$0	\$1,000 F			\$0	\$4,000 F			\$40 Specialist	
PPO 250	Option 1	\$250	\$500 I	100%	80%	\$250	\$3,000 I	\$20 Physician	80%		
		\$500	\$1,000 F			\$500	\$6,000 F			\$40 Specialist	
	Option 2	\$250	\$500 I	90%	70%	\$1,000	\$3,000 I	\$20 Physician	70%		
		\$500	\$1,000 F			\$2,000	\$6,000 F			\$40 Specialist	
PPO 500	Option 1	\$500	\$1,000 I	100%	80%	\$500	\$4,000 I	\$20 Physician	80%		
		\$1,000	\$2,000 F			\$1,000	\$8,000 F			\$40 Specialist	
	Option 2	\$500	\$1,000 I	90%	70%	\$2,000	\$4,000 I	\$20 Physician	70%		
	\$1,000	\$2,000 F	\$4,000			\$8,000 F	\$40 Specialist				
	Option 3	\$500	\$1,000 I	80%	60%	\$2,500	\$5,000 I	\$20 Physician	60%		
			\$1,000			\$2,000 F	\$5,000			\$10,000 F	\$40 Specialist
PPO 750	Option 1	\$750	\$1,500 I	100%	80%	\$750	\$5,000 I	\$20 Physician	80%		
			\$1,500			\$3,000 F	\$1,500			\$10,000 F	\$40 Specialist
	Option 2	\$750	\$1,500 I	80%	60%	\$2,500	\$5,000 I	\$20 Physician	60%		
			\$1,500			\$3,000 F	\$5,000			\$10,000 F	\$40 Specialist
PPO 1000	Option 1	\$1,000	\$2,000 I	100%	80%	\$1,000	\$5,000 I	\$20 Physician	80%		
			\$2,000			\$4,000 F	\$2,000			\$10,000 F	\$40 Specialist
	Option 2	\$1,000	\$2,000 I	90%	70%	\$2,500	\$5,000 I	\$20 Physician	70%		
	\$2,000	\$4,000 F	\$5,000			\$10,000 F	\$40 Specialist				
	Option 3	\$1,000	\$2,000 I	80%	60%	\$3,000	\$6,000 I	\$20 Physician	60%		
			\$2,000			\$4,000 F	\$6,000			\$12,000 F	\$40 Specialist
PPO 1500	Option 1	\$1,500	\$3,000 I	100%	80%	\$1,500	\$6,000 I	\$20 Physician	80%		
			\$3,000			\$6,000 F	\$3,000			\$12,000 F	\$40 Specialist
	Option 2	\$1,500	\$3,000 I	80%	60%	\$3,000	\$6,000 I	\$20 Physician	60%		
			\$3,000			\$6,000 F	\$6,000			\$12,000 F	\$40 Specialist
PPO 2500	Option 1	\$2,500	\$5,000 I	100%	80%	\$2,500	\$6,000 I	\$20 Physician	80%		
			\$5,000			\$10,000 F	\$5,000			\$12,000 F	\$40 Specialist
	Option 2	\$2,500	\$5,000 I	80%	60%	\$3,500	\$7,000 I	\$20 Physician	60%		
			\$5,000			\$10,000 F	\$7,000			\$14,000 F	\$40 Specialist
PPO 5000	Option 1	\$5,000	\$10,000 I	100%	80%	\$5,000	\$12,000 I	\$20 Physician	80%		
			\$10,000			\$20,000 F	\$10,000			\$24,000 F	\$40 Specialist
	Option 2	\$5,000	\$10,000 I	80%	60%	\$6,000	\$12,000 I	\$20 Physician	60%		
			\$10,000			\$20,000 F	\$12,000			\$24,000 F	\$40 Specialist

Benefits are limited to a \$2,000,000 lifetime maximum.

Preventive Care Services (Service limitations may apply)

Child Care (deductible waived)
Well child office visits
Pediatric immunizations
Routine vision exam
Routine hearing exam

Routine Physical Exam (deductible waived)
Routine Screenings (deductible waived up to \$500)
Includes lab testing and screenings, such as:
Colon screening (colonoscopy);
Osteoporosis screening;
Prostate screening; PSA testing

Women's Health (deductible waived)
Routine gynecological exam
Cervical cancer screening (Pap)
Mammography screening

Prescription Drug Options

Three-Tier Copayment		Retail			Mail Order			
		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
Tier 1: Generic	Option A	\$10	\$30	\$50	\$20	\$70	\$150	No drug coverage when obtained from Non-Participating Pharmacies (out of network)
Tier 2: Preferred Formulary	Option B	\$10	\$40	\$80	\$20	\$100	\$180	
Tier 3: Non-Preferred	Option C	\$15	\$50	\$90	\$30	\$130	\$210	
	Option D	\$150 deductible with 50% coinsurance, retail and mail order						

Exclusions and limitations may apply. Refer to the Group Policy for a complete listing of covered services, exclusions and limitations.