

PPO Plan

	Plan Details
Monthly Premium	750
Deductible (Individual)	3000
Deductible (Family)	6000
Doctor Visit Copay	30
Hospitalization Copay (In-Network)	\$300/day after deductible
Hospitalization Copay (Out-of-Network)	\$1,200/day after deductible
Surgery Coinsurance (In-Network)	20% after deductible
Surgery Coinsurance (Out-of-Network)	50% after deductible
Prescription Drug Copay (Tier 1)	20
Prescription Drug Copay (Tier 2)	40
Prescription Drug Copay (Tier 3)	60
Preventive Care Coverage (In-Network)	100% after deductible
Preventive Care Coverage (Out-of-Network)	80% after deductible