

	HIP Prime EPO Select 60 30/50/2000/80%(EPOc)		HIP Prime PPO Select 62 30/50/2000/80%(PPOc)		HIP Prime EPO Select 41 25/2000/80%(EPOc)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Drug Card						
Prescription Card	15 Generic Only	UCR=N/A	0/30/50/50/3000max	UCR=80%	0/30/50/50/3000max	UCR=N/A
Major Medical						
Deductible Ind/Fam	\$2,000/\$4,000		\$2,000/\$4,000	\$2,500/\$5,000	\$2,000/\$4,000	
Co-Insurance	80%		80%	70%	80%	
Out-of-Pocket	\$3,500/\$7,000		\$3,500/\$7,000	\$4,000/\$8,000	\$3,500/\$7,000	
Office Co-pay	\$30/\$50		\$30	Ded & Colns	\$25	
DXL/Lab Fees	\$30		\$30	Ded & Colns	\$25	
Specialist Co-pay	\$50		\$50	Ded & Colns	\$25	
Lifetime Maximum	Unlimited		Unlimited	Unlimited	Unlimited	
Hospital Benefits						
Hospital In-Patient	Ded & Colns		Ded & Colns	Ded & Colns	Ded & Colns	
Hospital Out-Patient	Ded & Colns		Ded & Colns	Ded & Colns	Ded & Colns	
Emergency Room	\$50 Copay		\$50 Copay	\$50 Copay	\$50 Copay	
Private Nursing	Covered in Full		Covered in Full	Not Covered	Covered in Full	
Surgical Benefits						
Surgical In-Patient	Ded & Colns		Ded & Colns	Ded & Colns	Ded & Colns	
Surgical Out-Patient	Ded & Colns		Ded & Colns	Ded & Colns	Ded & Colns	
Mental Health						
Mental Nervous In-Patient	Ded & Colns 30 days max/yr		Ded & Colns 30 days max/yr	Ded & Colns 30 days max/yr	Ded & Colns 30 days max/yr	
Substance Abuse In-Patient	Ded & Colns 30 days max/yr- Rehab 7 days max/yr- Detox		Ded & Colns 30 days max/yr- Rehab 7 days max/yr- Detox	Ded & Colns	Ded & Colns 30 days max/yr- Rehab 7 days max/yr- Detox	
Mental Nervous Out-Patient	\$50 Copay 20 visits max/yr		\$50 Copay 20 visits max/yr	70% After Ded 20 visits max/yr	\$25 copay 20 visits max/yr	
Substance Abuse Out-Patient	\$25 Copay 60 visits max/yr		\$25 copay 60 visits max/yr	Ded & Colns 60 visits max/yr	\$25 copay 60 visits max/yr	
Other						
Well Care(Up to 19)	No Copay		No Copay	Ded & Colns	No Copay	
Routine Adult Care	\$30 Copay		\$30 Copay	Ded & Colns	\$25 Copay	
Chiropractic Care	\$50 Copay		\$50 Copay	Ded & Colns	\$25 Copay	
Home Health Care	Ded & Coins- 40 visits max/yr		Ded & Colns- 40 visits max/yr	Ded & Colns- 40 visits max/yr	Ded & Coins- 40 visits max/yr	
Non-Authorization	Required		Required	Required	Required	
Single	1 x \$290.36		1 x \$471.26		1 x \$373.63	
EE with Spouse	1 x \$580.72		1 x \$942.50		1 x \$747.25	
EE with Child(ren)	1 x \$540.05		1 x \$876.51		1 x \$694.93	
Family	1 x \$888.51		1 x \$1,441.98		1 x \$1,143.23	
Medicare	0 \$0.00		0 \$0.00		0 \$0.00	
Monthly Cost	4 \$2,299.64		4 \$3,732.25		4 \$2,959.04	
Annual Cost	\$27,595.68		\$44,787.00		\$35,508.48	