

Aaron Services
Health Insurance Comparison
In-Network Benefits Plan Comparison

<i>Benefit Description</i>	OPTION 1 Humana GA NPOS 19 Copay OPT 2 LFP IN-NETWORK	OPTION 2 Humana GA NPOS 19 Copay OPT 5 LFP IN-NETWORK
<i>Annual Deductible (single/family)</i>	\$1,500/\$3,000	\$3,000/\$6,000
<i>Coinsurance</i>	Plan pays 100%	Plan pays 100%
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>	\$3,000/\$6,000	\$6,500/\$13,000
<i>Maximum Benefit</i>	Unlimited	Unlimited
<i>Office Visits: Preventive Care</i>		
Primary Care Physician Office Visit	Plan pays 100%	Plan pays 100%
Specialist Physician Office Visit	Plan pays 100%	Plan pays 100%
Well Child Care	Plan pays 100%	Plan pays 100%
<i>Office Visits: Illness or Injury</i>		
Primary Care Physician (PCP) office visit	\$20 Copay	\$35 Copay
Specialty Care Physician office visit	\$50 Copay	\$90 Copay
<i>Emergency Room Services</i>		
Life-threatening illness, serious accidental injury	\$600 Copay; waived if admitted	\$800 Copay; waived if admitted
Urgent Care	\$100 Copay	\$100 Copay
<i>Hospital Services - Inpatient</i>		
Facility/ Hospital Charges	Plan pays 100% after deductible	Plan pays 100% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible	Plan pays 100% after deductible
<i>Outpatient Services</i>		
Surgery facility/Hospital charges	Plan pays 100% after deductible	Plan pays 100% after deductible
Diagnostic Lab services	Plan pays 100%	Plan pays 100%
Diagnostic X-Ray	Plan pays 100%	Plan pays 100%
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	\$600 Copay	\$800 Copay
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible	Plan pays 100% after deductible
<i>Prescription Drugs</i>		
Tier 1/Generic Prescription	\$10 Copay	\$10 Copay
Tier 2/Preferred Prescription	\$35 Copay	\$40 Copay
Tier 3/Non-Preferred Prescription	\$55 Copay	\$75 Copay
Tier 4/Specialty Prescription	Member pays 25%	Member pays 25%
Tier 5	Member pays 35%	Member pays 35%
Employee Tier	Rates	Rates
Employee Only	\$526.54	\$451.80
Employee & Spouse	\$1,053.08	\$903.60
Employee & Child(ren)	\$974.10	\$835.83
Family	\$1,500.64	\$1,287.63