

Garrett and Rega Incorporated
Health Insurance Comparison
In-Network Benefits Plan Comparison

Benefit Description		Option 1 Humana GA Smpcty NPOS 16 OPT 4 Silver IN-NETWORK	
<i>Annual Deductible (single/family)</i>		\$0/\$0	
<i>Coinsurance</i>		N/A	
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>		\$6,850/\$13,700	
<i>Maximum Benefit</i>		Unlimited	
<i>Office Visits: Preventive Care</i>			
Primary Care Physician Office Visit		Plan pays 100%	
Specialist Physician Office Visit		Plan pays 100%	
Well Child Care		Plan pays 100%	
<i>Office Visits: Illness or Injury</i>			
Primary Care Physician (PCP) office visit		\$55 Copay	
Specialty Care Physician office visit		\$100 Copay	
<i>Emergency Room Services</i>			
Life-threatening illness, serious accidental injury		\$750 Copay	
Urgent Care		\$125 Copay	
<i>Hospital Services - Inpatient</i>			
Facility/ Hospital Charges		\$2,250 Copay	
Physician Fees for Surgical and Medical Services		Plan pays 100%	
<i>Outpatient Services</i>			
Surgery facility/ hospital charges		\$2,250 Copay	
Diagnostic Lab services		Plan pays 100%	
Diagnostic X-Ray		Plan pays 100%	
Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine)		\$750 Copay	
Physician Fees for Surgical and Medical Services		Plan pays 100%	
<i>Prescription Drugs</i>			
Tier 1		\$10 Copay	
Tier 2		\$45 Copay	
Tier 3		\$90 Copay	
Tier 4		Member pays 25%	
Employee Tier	Number of Employees	Current Rates	Totals
Employee Only	22	\$373.00	\$8,206.00
Employee + Spouse	0	\$745.99	\$0.00
Employee + Child(ren)	0	\$690.04	\$0.00
Family	0	\$1,063.04	\$0.00
Monthly Total	22		\$8,206.00