

Phoenix Systems
Health Insurance Comparison
In-Network Benefits Plan Comparison

Benefit Description	Humana GA NPOS 16 Copay OPT 1 Gold IN-NETWORK	Humana GA NPOS 16 Copay OPT 4 Silver IN-NETWORK	Humana GA Smpcty NPOS 16 OPT 4 Silver IN-NETWORK
Annual Deductible (single/family)	\$1,000/\$2,000	\$3,000/\$6,000	\$0/\$0
Coinsurance	Plan pays 100% after deductible	Plan pays 100% after deductible	NA
Out-of-Pocket Maximum (single/family) (includes Maximum Benefit)	\$4,000/\$8,000 Unlimited	\$5,500/\$11,000 Unlimited	\$6,850/\$13,700 Unlimited
Office Visits: Preventive Care			
Primary Care Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Specialist Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Well Child Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visits: Illness or Injury			
Primary Care Physician (PCP) office visit	\$25 Copay	\$35 Copay	\$55 Copay
Specialty Care Physician office visit	\$40 Copay	\$65 Copay	\$100 Copay
Emergency Room Services			
Life-threatening illness, serious accidental injury	\$400 Copay, waived if admitted	\$450 Copay, waived if admitted	\$750 Copay
Urgent Care	\$100 Copay	\$100 Copay	\$125 Copay
Hospital Services - Inpatient			
Facility/ Hospital Charges	Plan pays 100% after deductible	Plan pays 100% after deductible	\$2,250 Copay, 3 day Max
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%
Outpatient Services			
Surgery facility/ hospital charges	Plan pay 100% after deductible	Plan pays 100% after deductible	\$2,250 Copay per occ
Diagnostic Lab services	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%
Diagnostic X-Ray	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%
Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 100% after deductible	Plan pays 100% after deductible	\$750 Copay
Physician Fees for Surgical and Medical Services	Plan pay 100% after deductible	Plan pays 100% after deductible	Plan pays 100%
Prescription Drugs			
Tier 1	\$10 Copay	\$10 Copay	\$10 Copay
Tier 2	\$30 Copay	\$40 Copay	\$45 Copay
Tier 3	\$50 Copay	\$70 Copay	\$90 Copay
Tier 4	Member pays 25%	Member pays 25%	Member pays 25%
Employee Tier	Rates	Rates	Rates
Employee Only	\$285.80	\$236.45	\$188.86
Employee + Spouse	\$857.39	\$709.35	\$566.58
Employee + Child(ren)	\$771.66	\$638.41	\$509.92
Family	\$1,343.25	\$1,111.31	\$887.63