## **Phoenix Systems**

## **Health Insurance Comparison**

**In-Network Benefits Plan Comparison** 

Maximum Benefit   Unlimited   Unlimited   Unlimited   Unlimited   Unlimited   Office Visits: Office Visits   Plan pays 100%	III-1 CONDAINS I RAI COMPANISON				
Benefit   Description   IN-NETWORK   IN-NE		W GLAMOGACO OPTIA		The state of the s	
Description   IN-NETWORK   IN-NETWORK   Annual Deductible (single/family)   S.1,000.52,000   S.1,000.52,000   S.1,000.52,000   S.1,000.52,000   S.3,000.56,000   S.0,500   S.0,500   S.0,500   S.0,500   S.0,500   S.0,500.511,000   S.6,550.513,700   S.6,500.511,000   S.6,550.513,700   Unlimited			_ · ·		
Annual Deductible (single/family)   S1,000\\$2,000   \$3,000\\$5,000   S0\\$0     Coinstraince					
Plan pays 100% after deductible   Plan pays 100% after deductible   S. 4,000   \$5,500\\$11,000   \$6,850\\$13,700   \$6,850\\$13,700   \$1,000   \$6,850\\$13,700   \$1,000   \$6,850\\$13,700   \$1,000				IN-NETWORK	
Out-of-Pocket Maximum (single/family) (includes Maximum Benefit         \$4,000/58,000         \$5,500\$11,000         \$6,850\$13,700         \$6,850\$13,700         \$6,850\$13,700         \$6,850\$13,700         \$6,850\$13,700         \$6,850\$13,700         \$100\$10	ual Deductible (single/family)		. , . ,	\$0/\$0	
Maximum Benefit   Unlimited   Unlimited   Unlimited   Unlimited	surance	Plan pays 100% after deductible	Plan pays 100% after deductible	NA	
Diffice Visits: Preventive Care   Primary Care Physician Office Visit   Plan pays 100%	of-Pocket Maximum (single/family) (includes	\$4,000/\$8,000	\$5,500/\$11,000	\$6,850/\$13,700	
Primary Care Physician Office Visit Specialist Physician Office Visit Plan pays 100% after deductible Plan	imum Benefit	Unlimited	Unlimited	Unlimited	
Specialist Physician Office Visit   Plan pays 100%   Pl	ce Visits: Preventive Care				
Well Child Care Plan pays 100% Specialty Care Physician (PCP) office visit \$25 Copay \$35 Copay \$100 Copay \$100 Copay \$100 Copay \$100 Copay \$100 Copay \$100 Copay \$125	mary Care Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%	
Well Child Care Plan pays 100% Specialty Care Physician office visit \$25 Copay \$35 Copay \$100 Copay \$100 Copay \$100 Copay \$100 Copay \$100 Copay \$100 Copay \$125 Copay	ecialist Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%	
Primary Care Physician (PCP) office visit Specialty Care Physician office visit Specialty Care Physician office visit Superpact Room Services Life-threatening illness, serious accidental injury Urgent Care Life-threatening illness, serious accidental injury Life Life-threatening illness, serious accidental injury Life Life-threatening illness, serious administed Life-threatening illness, serious after illness, serious administed Life-threatening illness, serious after illness, serious administed Life-threatening illness, serious after illness, serious administed Life-threatening illness, serious aft	ll Child Care	Plan pays 100%		Plan pays 100%	
Specialty Care Physician office visit   \$40 Copay   \$65 Copay   \$100 Copay	ce Visits: Illness or Injury		2 2	• •	
Emergency Room Services Life-threatening illness, serious accidental injury Urgent Care\$400 Copay, waived if admitted \$100 Copay\$450 Copay, waived if admitted \$100 Copay\$750 Copay \$125 CopayHospital Services - Inpatient Facility/ Hospital Charges Physician Fees for Surgical and Medical ServicesPlan pays 100% after deductible Plan pays 100% after deductiblePlan pays 100% after deductible Plan pays 100% after deductiblePlan pays 100% after deductible Plan pays 100% after deductibleOutpatient Services Surgery facility/ hospital chargesPlan pay 100% after deductible Plan pays 100% after deductiblePlan pays 100% after deductible Plan pays 100%	mary Care Physician (PCP) office visit	\$25 Copay	\$35 Copay	\$55 Copay	
Emergency Room Services   Life-threatening illness, serious accidental injury   \$400 Copay, waived if admitted   \$450 Copay, waived if admitted   \$100 Copay   \$125 Copay	ecialty Care Physician office visit	\$40 Copay	\$65 Copay	\$100 Copay	
Urgent Care \$100 Copay \$100 Copay \$125 Copay  Hospital Services - Inpatient Facility/ Hospital Charges Physician Fees for Surgical and Medical Services Plan pays 100% after deductible Plan p	rgency Room Services		2 3	•	
Urgent Care \$100 Copay \$100 Copay \$125 Copay  Hospital Services - Inpatient Facility/ Hospital Charges Physician Fees for Surgical and Medical Services Plan pays 100% after deductible Plan p	e-threatening illness, serious accidental injury	\$400 Copay, waived if admitted	\$450 Copay, waived if admitted	\$750 Copay	
Pacility/ Hospital Charges   Plan pays 100% after deductible   Plan pays					
Physician Fees for Surgical and Medical Services  Outpatient Services Surgery facility/ hospital charges Plan pays 100% after deductible Plan pays 100% after	pital Services - Inpatient				
Outpatient ServicesPlan pay 100% after deductiblePlan pays 100% after deductible\$2,250 Copay per of copayDiagnostic Lab servicesPlan pays 100% after deductiblePlan pays 100% after deductiblePlan pays 100% after deductibleDiagnostic X-RayPlan pays 100% after deductiblePlan pays 100% after deductiblePlan pays 100% after deductibleMajor Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine)Plan pays 100% after deductiblePlan pays 100% after deductiblePhysician Fees for Surgical and Medical ServicesPlan pay 100% after deductiblePlan pays 100% after deductiblePlan pays 100% after deductiblePrescription Drugs\$10 Copay\$10 Copay\$10 CopayTier 1\$10 Copay\$40 Copay\$45 CopayTier 2\$30 Copay\$40 Copay\$45 CopayTier 3\$50 Copay\$70 Copay\$90 CopayTier 4Member pays 25%Member pays 25%Member pays 25%Employee TierRatesRatesRatesEmployee Only\$285.80\$236.45\$188.86Employee + Spouse\$857.39\$709.35\$566.58	rility/ Hospital Charges	Plan pays 100% after deductible	Plan pays 100% after deductible	\$2,250 Copay, 3 day Max	
Surgery facility/ hospital charges Diagnostic Lab services Diagnostic X-Ray Diagnostic X-Ray Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine) Plan pays 100% after deductible Plan pays 100% after d	vsician Fees for Surgical and Medical Services	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%	
Diagnostic Lab services Diagnostic X-Ray Diagnostic X-Ray Plan pays 100% after deductible Plan	patient Services				
Diagnostic X-Ray Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine) Plan pays 100% after deductible Pl	gery facility/ hospital charges	Plan pay 100% after deductible	Plan pays 100% after deductible	\$2,250 Copay per occ	
Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine) Physician Fees for Surgical and Medical Services Plan pays 100% after deductible Pl	gnostic Lab services	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%	
MRA, and nuclear medicine) Plan pays 100% after deductible Pla	ignostic X-Ray	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%	
MRA, and nuclear medicine) Plan pays 100% after deductible Pla	jor Diagnostics, Lab and X-Ray (CT, PET, MRI,				
Physician Fees for Surgical and Medical Services         Plan pay 100% after deductible         Plan pays 100% after deductible           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		Plan pays 100% after deductible	Plan pays 100% after deductible	\$750 Copay	
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					
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		<u> </u>	• •	ì	
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		\$10 Copay	\$10 Copay	\$10 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	r 2				
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 Tier         Rates         Rates           Employee Only         \$285.80         \$236.45           Employee + Spouse         \$857.39         \$709.35           \$566.58	r 4	¥ •		Member pays 25%	
Employee Only       \$285.80       \$236.45       \$188.86         Employee + Spouse       \$857.39       \$709.35       \$566.58					
Employee + Spouse \$857.39 \$709.35 \$566.58	· ·	\$285.80	\$236.45		
	* *				
		\$771.66	\$638.41	\$509.92	
Family \$1,343.25 \$1,111.31 \$887.63	· ·	\$1,343.25	\$1,111.31	\$887.63	