

Copay Plan ~ Network Benefits Comparison	Blue Cross HMO/POS Plan 3	Blue Cross PPO \$500	Humana PPO \$500	AMS PPO-\$1,000
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Out of Pocket Maximum	\$1000	\$1000 + Deductible	\$2000 + Deductible	\$2000 + Deductible
Annual Deductible	\$0	\$500	\$500	\$1,000
Coinsurance Limit	N/A	\$1,000	\$2,000	\$2,000
PCP Doctor Visit \$30	\$25	\$20	\$25 (Optional)	\$40 - \$30 Option
Specialist Doctor Visit	\$40	\$20	\$40 (Optional)	\$40 - \$30 Option
Prescription Drugs	\$10/\$20/\$40/\$55/\$50	\$10/\$20/\$40/\$55/\$50	\$10/\$30/\$50/25% \$500 Ded option	\$15/50% BRAND \$500 Ded option
Emergency Room Visit	\$100 Copay	Deductible, 20% Coins	\$75 Copay Deductible, 20% Coins	\$100 Copay Deductible, 20% Coins
In-Hospital Admission	\$250 per Day \$750 Max OOP	Deductible, 20% Coins	Deductible, 20% Coins	Deductible Applies \$500 Copay Deductible, 20% Coins
Outpatient Surgery	\$250 Copay	Deductible, 20% Coins	Deductible, 20% Coins	\$500 Copay Deductible, 20% Coins
Diagnostic Tests and X-Ray	\$0	Deductible, 20% Coins	Deductible, 20% Coins	Deductible, 20% Coins