

Benefit/Feature	Managed Choice (PPO)		Balanced Choice (PPO)		Choice (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Choice of doctors and hospitals	Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency	
Need to select a primary care physician?	No	No	No	No	No	No
Health Savings Account?	Yes. May contribute up to \$2,900/person or \$5,800/family each year on pre-tax basis. Use funds for routine health expenses (many expenses apply to annual deductible).		No		No	
Annual deductible	\$1,100/single \$2,200/other levels ¹	\$2,200/single \$4,400/other levels ¹	\$500/person \$1,000/family	\$1,000/person \$2,000/family	\$250/person \$500/family	\$500/person \$1,000/family
Annual out-of-pocket expense limit (including deductible)	\$2,000/person \$4,000/family	\$4,000/person \$8,000/family	\$1,500/person \$3,000/family	\$3,000/person \$6,000/family	\$1,000/person \$2,000/family	\$2,000/person \$4,000/family
Doctor's office visits	80% ¹	60% ¹	\$20 copay/visit	60% ¹	\$20 copay/visit	70% ¹
Inpatient/ER physician care	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Diagnostic tests						
In doctor's office	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Other laboratory	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Inpatient hospital	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Outpatient hospital	80% ¹	60% ¹	\$75 copay/visit	60% ¹	\$75 copay/visit	70% ¹
Emergency Room	80% ¹	60% ¹	\$75 copay/visit	\$75 copay/visit	\$75 copay/visit	\$75 copay/visit
Urgent care centers	80% ¹	60% ¹	\$50 copay/visit	60%	\$50 copay/visit	70% ¹
Prescription drugs	— Administered by Humana/Anthem —		— Administered by Walgreens Health Initiatives —			
Retail Pharmacies (30-day supply)	80% ¹	60% ¹	\$10 generic \$20 brand name	Not covered	\$10 generic \$20 brand name	Not covered
Mail order (90-day supply)	80% ¹	60% ¹	\$40 non-formulary 2x retail copay	Not covered	\$40 non-formulary 2x retail copay	Not covered
Advantage90 ³	N/A		Generic: 2 x retail copay; Brand: 2.5 x retail copay; Non-formulary: 3 x retail copay			
Allergy services						
Testing	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Serum	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Injections	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Ambulance	80% ¹	80% ¹	80% ¹	80% ¹	90% ¹	90% ¹
Skilled nursing facility	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Mental health/substance abuse						
Inpatient	80% ¹	60% ¹	80% ¹	60% ¹	90% ¹	70% ¹
Outpatient	80% ¹	60% ¹	\$20 copay/visit	60% ¹	\$20 copay/visit	70% ¹
Home health care	80% ¹ (limit 60 visits/year)	60% ¹ (limit 60 visits/year)	80% ¹ (limit 60 visits/year)	60% ¹ (limit 60 visits/year)	90% ¹ (limit 60 visits/year)	70% ¹ (limit 60 visits/year)
Well child care (0 - 18 years old)	100%	60% ¹	\$20 copay/visit	60% ¹	\$20 copay/visit	70% ¹
Well adult care	100%	60% ¹	\$20 copay/visit	60% ¹	\$20 copay/visit	70% ¹
Vision (eye exams)	80% ^{1,2}	60% ^{1,2}	\$20 copay/visit ²	60% ^{1,2}	\$20 copay/visit ²	70% ^{1,2}
Therapy services ⁵	80% ¹	60% ¹	\$20 copay/visit	60% ¹	\$20 copay/visit	70% ¹
Chiropractic care (must be reviewed for medical necessity)	80% ¹ (limit 15 visits/year)	60% ¹ (limit 15 visits/year)	\$20 copay/visit (limit 15 visits/year)	60% ¹ (limit 15 visits/year)	\$20 copay/visit (limit 15 visits/year)	70% ¹ (limit 15 visits/year)
Lifetime maximum benefit	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million

¹ After annual deductible ² Must be provided by optometrist; not ophthalmologist. ³ Purchase up to 90-day supply at Advantage 90™ network retail pharmacies. ⁴ If you choose employee + spouse, employee + child/children or family coverage, you must satisfy the family deductible. This deductible may be satisfied by one person or any combination of covered family members. The entire deductible must be satisfied before benefits are paid for any plan member. ⁵ Therapy services are limited to 20 visits/year each for speech, physical, and occupational therapy. Maximum of 40 visits/year for all types of therapy combined.