MEDICAL PLAN COMPARISON	SUMMACARE PLAN		MMO MEDFLEX PLAN	MMO ADVANTAGE PLAN		MMO MAX VALUE HSA PLAN	
	In-Network	Non-Network	In-Network only	In-Network	Non-Network	In-Network	Non-Network
Deductible							
Single	$500	$6,400	$500	$1,200	$2,400	$3,400	$6,800
Family	$1,000	$12,800	$1,000	$2,400	$4,800	$6,800	$13,600
Co-Insurance *(after deductible)*	10% / 90%	40% / 60%	10% / 90%	20% / 80%	40% / 60%	N/A	40%
Single	$1,500	$17,400	$2,000	$3,000	$6,000	$0	$11,000
Family	$3,000	$34,800	$4,000	$6,000	$12,000	$0	$22,000
Maximum Out of Pocket (Includes deductible, coinsurance, and all copays)							
Single	$7,350	$23,800	$7,350	$7,350	$22,050	$3,400	$17,800
Family	$14,700	$47,600	$14,700	$14,700	$44,100	$6,800	$35,600
Office Visit: *PCP, Specialist*	$10 / $20	60% after deductible	$20 / $40	$25 / $50	40% after deductible	0% after deductible	40% after deductible
Preventative Office Visit	0%	60% after deductible	0%	0%	40% after deductible	0%	40% after deductible
Emergency Room *(true emergency, waived if admitted)*	$150	$150	$150	$250	$250	0% after deductible	0% after deductible
Urgent Care: *PCP, Specialist*	$30	Not Covered	$40	$75	40% after deductible	0% after deductible	40% after deductible
Diagnostic Services *(x-ray & diagnostic medical tests)*	10% after deductible	60% after deductible	10% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible
Diagnostic Lab *(Free standing facilities)*	$10	60% after deductible	$20	$25	40% after deductible	0% after deductible	40% after deductible
Diagnostic Lab *(Institutional)*	10% after deductible	60% after deductible	10% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible

PRESCRIPTION DRUGS COMPARISON

	SUMMACARE Rx		MMO MEDFLEX Rx		MMO ADVANTAGE Rx		MMO MAX VALUE HSA Rx	
	Retail Pharmacy	Mail Order & 90 Day Retail	Retail Pharmacy	Mail Order & 90 Day Retail	Retail Pharmacy	Mail Order & 90 Day Retail	Retail Pharmacy	Mail Order & 90 Day Retail
Generic	$10	$20	$10	$20	$10	$20	0% after deductible	0% after deductible
Brand Formulary	$25	$50	$25	$50	$40	$80	0% after deductible	0% after deductible
Brand Non-Formulary	$50	$100	$50	$100	$75	$150	0% after deductible	0% after deductible
Specialty Drug	N/A	N/A	N/A	N/A	$100	$200	N/A	N/A
Benefit Manager	MedImpact		Express Scripts		Express Scripts		Express Scripts	