MEDICAL
PLAN COMPARISON

	MEDFLEX PLAN	ADVANTAGE PLAN		MAXIMUM VALUE PLAN (HSA)		SummaCare	
	In-Network Only	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible							
Single	$500	$1,200	$2,400	$3,300	$6,600	$500	$6,400
Family	$1,000	$2,400	$4,800	$6,600	$13,200	$1,000	$12,800
Co-Insurance (after deductible)	10% | 90%	20% | 80%	40% | 60%	100%	60%	10% | 90%	40% | 60%
Single	$2,000	$3,000	$6,000	$0	$11,000	$1,500	$17,400
Family	$4,000	$6,000	$12,000	$0	$22,000	$3,000	$34,800
Maximum Out of Pocket (Includes deductible, coinsurance, and all copays)							
Single	$7,350	$7,350	$22,050	$3,300	$17,600	$7,350	$23,800
Family	$14,700	$14,700	$44,100	$6,600	$35,200	$14,700	$47,600
Office Visit: PCP | Specialist	$20 | $40	$25 | $50	40% after deductible	0% after deductible	40% after deductible	$10 | $20	60% after deductible
Preventive Office Visit	0%	0%	40% after deductible	0% after deductible	40% after deductible	0%	60% after deductible
Emergency Room (true emergency, waived if admitted)	$150	$250	$250	0% after deductible	0% after deductible	$150	$150
Urgent Care: PCP | Specialist	$40	$50	40% after deductible	0% after deductible	40% after deductible	$30	Not Covered
Diagnostic Services (X-ray & diagnostic medical tests)	10% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	10% after deductible	60% after deductible
Diagnostic Lab (Free standing facilities)	$20	$25	40% after deductible	0% after deductible	40% after deductible	$10	60% after deductible
Diagnostic Lab (Institutional)	10% after deductible	20% after deductible	40% after deductible	0% after deductible	40% after deductible	10% after deductible	60% after deductible

Prescription Drugs				
Retail Pharmacy	$10/$25/$50 (Brand Copay + difference of cost if generic available)	0% after deductible	$10/$25/$50 (Brand Copay + difference of cost if generic available)	Not Covered
Mail Order | 90 Day Retail	$20/$50/$100 (Brand Copay + difference of cost if generic available)	0% after deductible	$20/$50/$100 (Brand Copay + difference of cost if generic available)	Not Covered