PPO Plan Quick Reference Guide

Refer to plan documents for limitations and additional information.

PPO Medical Plan		
Feature	**Your Network Cost**	**Your Out-Of-Network Cost** PLUS You Pay Charges Exceeding Plan Payment
Annual deductible	$625 individual/$1,250 family	$1,000 each person
Coinsurance (after the annual deductible is met)	20% after deductible	40% after deductible
Annual coinsurance maximum	$2,500 individual/$5,000 family	No limit
Annual out-of-pocket maximum (OOP)	$3,125 individual/$6,250 family Plan pays 100% after annual OOP	No limit
Physician Services		
Preventive Care	$0 — Plan pays 100%	40% after deductible
Office visits	$15 PCP/$25 specialist	40% after deductible
24/7 Virtual Visits (MDLIVE)	$0 — Plan pays 100%	$0 deductible does not apply
Telehealth	$15 PCP/$25 specialist	40% after deductible
Hospital visits	20% after deductible	40% after deductible
Urgent care visit	$35 copay	40% after deductible
Maternity Services		
Delivery and Newborn Care in hospital (routine)	20% after deductible	40% after deductible
Infertility services: 5 artificial insemination visits	20% after deductible (excludes in vitro and drug coverage)	40% after deductible (excludes in vitro and drug coverage)
Additional Services		
Inpatient hospital	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible
Hospital emergency care services (treated as network)	$300 copay + 20% after deductible; copay waived if admitted	$300 copay + 20% after deductible; copay waived if admitted
Mental Health Services		
Outpatient visits	$25 visit	40% after deductible
Inpatient	20% after deductible	40% after deductible