

Dash Delivery 01/01/2017

Benefits	AOI Healthchoice E5000	AOI Healthchoice E3000	AOI Healthchoice A5000	AOI Healthchoice HDHP 2600
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out of Pocket	\$5,600	\$5,600	\$5,600	\$5,200
Calendar Year Deductible	\$5,000	3,000	\$5,000	\$2,600
Professional Services	Deductible Waived	Deductible Waived	Deductible Waived	Deductible Applies
Office Visit-Physician	\$35 COPAY	\$35 COPAY	\$35 COPAY	20%
Office Visit-Specialist	\$70 COPAY	\$70 COPAY	\$35 COPAY	20%
Well Baby Care	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL
Routine Exam	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL
Urgent Care	\$50 COPAY	\$50 COPAY	\$50 COPAY	20%
Chiropractic Care	\$15 COPAY (\$1,000 PCY)	\$15 COPAY (\$1,000 PCY)	\$15 COPAY (\$1,500 PCY)	NOT COVERED
Accupuncture	\$15 COPAY (\$1,000 PCY)	\$15 COPAY (\$1,000 PCY)	\$15 COPAY (\$1,500 PCY)	NOT COVERED
Naturalpathic	\$15 COPAY (\$1,000 PCY)	\$15 COPAY (\$1,000 PCY)	\$15 COPAY (\$1,500 PCY)	NOT COVERED
Women's Annual Exam	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL
Immunizations	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL	NO COPAY COVERED IN FULL
Outpatient Services	Deductible Applies	Deductible Applies	Deductible Applies	Deductible Applies
Diagnostic Lab and Xray	20%	20%	DEDUCTIBLE WAIVED	20%
Mental Health Counseling	\$35 COPAY DED WAIVED	\$35 COPAY DED WAIVED	\$35 COPAY DED WAIVED	20%
Surgery	20%	20%	20%	20%
Emergency Room	20%	20%	\$150 COPAY DED WAIVED	20%
Hospital	Deductible Applies	Deductible Applies	Deductible Applies	Deductible Applies
Hospitalization	20%	20%	20%	20%
Advanced Imaging	20%	20%	20%	20%
Maternity	20%	20%	20%	20%
Other Services	Deductible Applies	Deductible Applies	Deductible Applies	Deductible Applies
Ambulance	20%	20%	20%	20%
Durable Medical	20%	20%	20%	20%
Prescription Drug	\$15 GEN/30% BRAND/50% NF	\$15GEN/30% BRAND/50% NF	\$15 GEN/30% BRAND/50% N	20%
Mail Order Prescription	90 DAYS 2X COPAY	90 DAYS 2X COPAY	90 DAYS 2X COPAY	No Discount
Rates	Current	Current	Current	Current
Total Cost	\$320.07	<u>\$375.73</u>	\$372.20	\$369.02
Dash Pays	\$200.00	\$200.00	\$200.00	\$200.00
Employee PreTax Monthly	\$120.07	\$175.73	\$172.20	\$169.02
Monthly Premium	\$120.07	\$175.73	\$172.20	\$169.02