

### Canon City Chamber Health Plans

BENEFIT DESCRIPTION	Total Healthy Choice 50	Chamber PD 80	Chamber 70	Healthy HSA	Dependent 50 (For dependents only)
<b>Out-of-Network Care</b>	Emergency/Urgent Care	Emergency/Urgent Care	Emergency/Urgent Care	Emergency/Urgent Care	Emergency/Urgent Care
<b>Lifetime Maximum</b>	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
<b>Annual Deductible:</b> <b>Individual</b> <b>Family</b>	\$1000 or \$2000 x3	\$1500 or \$3000 x3	\$500 or \$1000 or \$1500 x3	\$3000 or \$5000 x2	\$1000 or \$1500 x3
<b>Annual Maximum (excludes deductible except HSA)</b> <b>Individual</b> <b>Family</b>	\$3500 or \$5000 x3	\$3500 or \$6000 x3	\$2000 or \$3500 or \$4000 x3	Includes deductible \$5,500 x2	\$3500 or \$10,000 x2
<b>Medical Office Visits</b> <b>a) Primary Care</b> <b>b) Specialty Care</b>	\$30 \$60 ded waived	\$20 \$40 ded waived	\$25 \$50 ded waived	\$30 \$60	\$25 \$50 ded waived
<b>Preventive Care</b>	\$30 copay ded waived	\$20 copay ded waived	\$25 copay ded waived	\$30 copay ded waived	\$25 copay ded waived
<b>Inpatient Hospital</b>	50% coinsurance	\$750 per day max 4 days	30% coinsurance	0% coinsurance	50% coinsurance
<b>Outpatient Surgeries and Procedures</b>	\$500 copay	\$250 copay	\$300 copay	0% coinsurance	\$500 copay
<b>Routine Laboratory &amp; X-Ray</b>	\$30 lab \$60 xray	\$20 lab \$40 xray	\$25 lab \$50 xray	0% coinsurance	\$25 lab \$50 xray
<b>MRI, CT, Nuclear Medicine and Other High Tech Services</b>	50% coinsurance	\$250 copay	\$300 copay	0% coinsurance	\$500 copay
<b>Emergency Care</b>	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
<b>Mammogram/Prostate Screen</b>	\$60 ded waived	\$40 ded waived	\$50 ded waived	\$30 ded waived	\$50 ded waived
<b>Ambulance</b>	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
<b>Maternity:</b>	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
<b>Prenatal care</b>	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
<b>Delivery &amp; inpatient well baby care</b>	50% coinsurance	\$750 per day max 4 days	30% coinsurance	0% coinsurance	50% coinsurance
<b>Mental Health-Inpatient care</b>	50% coinsurance	\$750 per day max 4 days	50% coinsurance	50% coinsurance	50% coinsurance
<b>Mental Health-Outpatient care</b>	\$40 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay
<b>Alcohol &amp; Substance Abuse Inpatient</b>	50% coinsurance	\$750 per day max 4 days	30% coinsurance	0% coinsurance	50% coinsurance
<b>Physical/Occupational &amp; Speech Therapy</b>	\$40 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay
<b>Durable Medical Equipment &amp; Oxygen</b>	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
<b>Skilled Nursing Facility</b>	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
<b>Home Health Care</b>	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
<b>Hospice</b>	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance

<b>Pharmacy Rider</b>	Group can choose: A) \$1 discount card; B) \$15 generic only; C) \$20/35/50; D) 50% coinsurance no cap
-----------------------	--