CCMCC HEALTH PLAN

BENEFIT DESCRIPTION	Total Healthy Choice 50	Chamber PD 80	Chamber 70	Healthy HSA	Dependent 50 (For dependents only)
Out-of-Network Care	Emergency/Urgent Care	Emergency/Urgent Care	Emergency/Urgent Care	Emergency/Urgent Care	Emergency/Urgent Care
Lifetime Maximum	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000
Annual Deductible: Individual Family	$1000 or $2000 x3	$1500 or $3000 x3	$500 or $1000 or $1500 x3	$3000 or $5000 x2	$1000 or $1500 x3
Annual Maximum (excludes deductible except HSA) Individual Family	$3500 or $5000 x3	$3500 or $6000 x3	$2000 or $3500 or $4000 x3	Includes deductible $5,500 x2	$3500 or $10,000 x2
Medical Office Visits a) Primary Care b) Specialty Care	$30 $60 ded waived	$20 $40 ded waived	$25 $50 ded waived	$30 $60	$25 $50 ded waived
Preventive Care	$30 copay ded waived	$20 copay ded waived	$25 copay ded waived	$30 copay ded waived	$25 copay ded waived
Inpatient Hospital	50% coinsurance	$750 per day max 4 days	30% coinsurance	0% coinsurance	50% coinsurance
Outpatient Surgeries and Procedures	$500 copay	$250 copay	$300 copay	0% coinsurance	$500 copay
Routine Laboratory & X-Ray	$30 lab $60 xray	$20 lab $40 xray	$25 lab $50 xray	0% coinsurance	$25 lab $50 xray
MRI, CT, Nuclear Medicine and Other High Tech Services	50% coinsurance	$250 copay	$300 copay	0% coinsurance	$500 copay
Emergency Care	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
Mammogram/Prostate Screen	$60 ded waived	$40 ded waived	$50 ded waived	$30 ded waived	$50 ded waived
Ambulance	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
Maternity:	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
Prenatal care	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
Delivery & inpatient well baby care	50% coinsurance	$750 per day max 4 days	30% coinsurance	0% coinsurance	50% coinsurance
Mental Health-Inpatient care	50% coinsurance	$750 per day max 4 days	50% coinsurance	50% coinsurance	50% coinsurance
Mental Health-Outpatient care	$40 copay	$30 copay	$30 copay	$30 copay	$40 copay
Alcohol & Substance Abuse Inpatient	50% coinsurance	$750 per day max 4 days	30% coinsurance	0% coinsurance	50% coinsurance
Physical/Occupational & Speech Therapy	$40 copay	$30 copay	$30 copay	$30 copay	$40 copay
Durable Medical Equipment & Oxygen	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Skilled Nursing Facility	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
Home Health Care	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
Hospice	50% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	50% coinsurance
Pharmacy Rider	Group can choose: A) $1 discount card; B) $15 generic only; C) $20/35/50; D) 50% coinsurance no cap				

Note: This is only a summary. See Individual Benefit Plan Description Form and Policy for additional explanation, limitations and clarification of Benefits.

Administered and Underwritten by Colorado Choice Health Plans