Plan Basics	OHCA Premier	OHCA I	OHCA II	OHCA III	OHCA IV	OHCA V	OHCA VI	OHCA VII	OHCA VIII
Network Deductible									
Single:	$100	$250	$500	$750	$1,000	$2,000	$2,000	$5,000	$5,000
Family:	$200	$500	$1,000	$1,500	$2,000	$4,000	$4,000	$10,000	$10,000
Non-Network Deductible									
Single:	$200	$500	$1,000	$1,500	$2,000	$4,000	$4,000	$5,000	$7,500
Family:	$400	$1,000	$2,000	$3,000	$4,000	$8,000	$8,000	$10,000	$15,000
Co-Insurance									
Network:	90/10	80/20	80/20	80/20	80/20	80/20	100%	80/20	100%
Non-Network:	70/30	60/40	60/40	60/40	60/40	60/40	100%	60/40	100%
Co-Insurance Maximum									
Single:	$10,000	$10,000	$15,000	$15,000	$15,000	$20,000		$20,000	
Family:	$20,000	$20,000	$30,000	$30,000	$30,000	$40,000		$40,000	
Network Out of Pocket									
Single:	$1,100	$2,250	$3,500	$3,750	$4,000	$6,000	$2,000	$9,000	$5,000
Family:	$2,200	$4,500	$7,000	$7,500	$8,000	$12,000	$4,000	$18,000	$10,000
Non-Network Out of Pocket									
Single:	$3,200	$4,500	$7,000	$7,500	$8,000	$10,000	$4,000	$13,000	$7,500
Family:	$6,400	$9,000	$14,000	$15,000	$16,000	$20,000	$8,000	$26,000	$15,000
Major Medical Benefits									
Office Visit:	$ 15	$ 20	$ 20	$ 25	$ 25	$ 25	Deductible / Coinsurance	$ 20	Deductible / Coinsurance
Emergency Room:	$ 75 co-pay	$100 co-pay	$100 co-pay	$100 co-pay	$100 co-pay	$100 co-pay	Deductible / Coinsurance	$100 co-pay	Deductible / Coinsurance
Lab & X-Ray:	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Preventative:	$ 15 co-pay (*restrictions*)	$ 20 co-pay (*restrictions*)	$ 20 co-pay (*restrictions*)	$ 25 co-pay (*restrictions*)	$ 25 co-pay (*restrictions*)	$ 25 co-pay (*restrictions*)	Deductible / Coinsurance	$ 20 co-pay	Deductible / Coinsurance
Inpatient:	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Outpatient:	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Mental Health and	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Substance Abuse:	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%	Non-Net. Ded. then 50%
Urgent Care Charges:	$ 40	$ 50	$ 50	$ 50	$ 50	$ 50	Deductible / Coinsurance	$ 50	Deductible / Coinsurance
Lifetime Maximum	$2,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000
Retail Rx									
Generic:	$ 10	$ 10	$ 10	$ 10	$ 10	$ 10	$ 10	$ 10	$ 10
Brand:	$ 35	$ 35	$ 35	$ 35	$ 35	$ 35	$ 35	$ 35	$ 35
Non-formulary:	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50	$ 50
Mail Order Rx									
Generic:	$ 20	$ 20	$ 20	$ 20	$ 20	$ 20	$ 20	$ 20	$ 20
Brand:	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70	$ 70
Non-formulary:	$100	$100	$100	$100	$100	$100	$100	$100	$100
Life/AD&D	$10,000 (*Optional*)	$10,000 (*Optional*)	$10,000 (*Optional*)	$10,000 (*Optional*)	$10,000	$10,000	$10,000	$10,000	$10,000