



ADVANTAGE plus



BENEFITS	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Deductible – Single	\$1,000	\$2,000	\$3,000	\$6,000	\$7,500	\$15,000	\$2,500	\$3,500
Deductible – Family	3x	3x	3x	3x	3x	3x	2x	2x
Coinsurance	70%	60%	70%	50%	60%	50%	100%	60%
Coinsurance Maximum – Single	\$3,000	\$6,000	\$2,500	\$5,000	\$5,000	\$10,000	N/A	\$6,500
Coinsurance Maximum – Family	2x	2x	2x	2x	2x	2x	2x	2x
Lifetime Maximum	\$2 million		\$2 million		\$2 million		\$2 million	
Primary Care Physician Copay	\$20	ded, coins	\$20	ded, coins	\$30	ded, coins	ded/ coins	ded, coins
Specialist Copay	\$40	ded, coins	\$40	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins
Chiropractic (\$1000 annual max)	Yes		Yes		No		No	
Inpatient Copay	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins
Outpatient Copay	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins	ded, coins
Emergency Room Copay	\$125, coins	\$125, coins	\$150, coins	\$125, coins	\$200, coins	\$200, coins	ded, coins	Not Cov
Specialty Pharmacy Copay	\$100	Not Cov	\$100	Not Cov	\$100	Not Cov	Incl w/ medical	
Drug Deductible	\$0		\$0		\$200		N/A	
Value Generic Copay	\$8		\$8		\$8		N/A	
Generic Drug Copay	\$15		\$15		\$8		N/A	
Preferred Drug Copay	\$30		\$30		\$35		N/A	
Non-Preferred Drug Copay	\$60		\$60		\$55		N/A	
Mail-Order Drug Copay	2x Retail		2x Retail		2x Retail		N/A	
Vision	Exam and Eyewear		Exam and Eyewear		Exam and Eyewear		Exam and Eyewear	
First Sun EAP	High Option		High Option		High Option		High Option	
Preventive Dental	Exam and cleaning twice a year		Exam and cleaning twice a year		Exam and cleaning twice a year		Exam and cleaning twice a year	
QuickEnroll	Included		Included		Included		Included	
Human Organ Transplants	BC Schedule		BC Schedule		BC Schedule		BC Schedule	
Dependant Age	19/23		19/23		19/23		19/23	