



**COLORADO CHOICE HEALTH PLANS
BROKER TOOL
Benefit Plan Comparison
January 2010**

ITEM DESCRIPTION	Per Admission Plan	Per Day Plan	Percentage Plans			
	25750PA	25750PD	PC70	PC80	PC90	PC100
Lifetime Benefit Maximum	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Out-of-Network Care	Emergency / Urgent Care	Emergency / Urgent Care	Emergency / Urgent Care	Emergency / Urgent Care	Emergency / Urgent Care	Emergency / Urgent Care
Annual Deductible (Family x2)	0, 500, 1000, 1500, 2000, 2500, 3500, 5000	0, 500, 1000, 1500, 2000, 2500, 3500, 5000	0, 500, 1000, 1500, 2000, 2500, 3500	1000, 1500, 2000, 2500, 3500	1000, 1500, 2000, 2500, 3500	2000, 2500, 3500, 5000
Annual Maximum: <i>does not include deductible and copayments unless noted</i> (Family x2)	No out of pocket max as benefits have set copayments.	No out of pocket max as benefits have set copayments.	deductible Max \$500 \$2500 \$1000 \$3000 \$1500 \$3000 \$2000 \$5000 \$2500 \$5000 \$3500 \$5000 x2 includes deductible	deductible Max \$1000 \$3000 \$1500 \$3000 \$2000 \$5000 \$2500 \$5000 \$3500 \$5000 x2 includes deductible	deductible Max \$1000 \$3000 \$1500 \$3000 \$2000 \$5000 \$2500 \$5000 \$3500 \$5000 x2 includes deductible	\$5000 x2 includes deductible and copayments
Office Visit PCP Specialist	\$25 copay ded waived	\$25 primary care \$50 specialty care ded waived	\$25 primary care \$50 specialty care ded waived	\$20 primary care \$40 specialty care ded waived	\$20 primary care \$40 specialty care ded waived	Covered at 100% after deductible
Preventive Care	\$25 copay ded waived	\$0 copay - 100% covered	\$20 copay ded waived	\$20 copay ded waived	\$20 copay ded waived	\$20 copay ded waived
Inpatient Hospital	\$750 per admission copay	\$750 per day up to 4 days	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 90% after deductible	Covered at 100% after deductible
Laboratory & X-Ray	Lab - \$25 copay Xray - \$25 copay MRI/CT/PET - \$150 copay	Lab - \$25 copay Xray - \$50 copay MRI/CT/PET - \$150 copay	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 90% after deductible	Covered at 100% after deductible
Ambulance	\$0 copay - Ground 15% copay - Air	\$50 copay - Ground 15% copay - Air	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 90% after deductible	Covered at 100% after deductible
Emergency Care	\$100 copay plus	\$100 copay plus	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 90% after deductible	Covered at 100% after deductible



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50% Coinsurance Plans

ITEM DESCRIPTION	C3K	C6K	C12K
Lifetime Benefit Maximum	2,000,000	2,000,000	2,000,000
Out-of-Network Care	Emergency / Urgent Care	Emergency / Urgent Care	Emergency / Urgent Care
Annual Deductible (Family x2)	0, 500, 1000, 1500, 2000, 2500, 3500, 5000	0, 500, 1000, 1500, 2000, 2500, 3500, 5000	0, 500, 1000, 1500, 2000, 2500, 3500, 5000
Annual Maximum: <i>does not include deductible and copayments unless noted</i> (Family x2)	\$1,500 x2	\$3,000 x2	\$6,000 x 2
Office Visit PCP Specialist	\$20 primary care \$40 specialty care ded waived	\$20 primary care \$40 specialty care ded waived	\$20 primary care \$40 specialty care ded waived
Preventive Care	\$20 copay ded waived	\$20 copay ded waived	\$20 copay ded waived
Inpatient Hospital	Coinsurance 50% of first \$3,000 & , 0% thereafter	Coinsurance 50% of first \$6,000 & , 0% thereafter	Coinsurance 50% of first \$12,000 & , 0% thereafter
Laboratory & X-Ray	Coinsurance 50% of first \$3,000 & , 0% thereafter MRI/CT/PET \$150 copay then 50% coinsurance	Coinsurance 50% of first \$6,000 & , 0% thereafter MRI/CT/PET \$150 copay then 50% coinsurance	Coinsurance 50% of first \$12,000 & , 0% thereafter MRI/CT/PET \$150 copay then 50% coinsurance
Ambulance	\$100 copay - Ground 15% copay - Air	\$100 copay - Ground 15% copay - Air	\$100 copay - Ground 15% copay - Air
Emergency Care	\$150 copay then 50% coinsurance after deductible	\$150 copay then 50% coinsurance after deductible	\$150 copay then 50% coinsurance after deductible

Pharmacy Riders Available
\$10/\$30/\$50/20% copay \$10/\$40/\$60/20% copay \$15/\$25/\$40/20% copay \$15/\$30/\$45/20% copay \$15/\$40/\$55/20% copay \$15/\$40/\$60/20% copay \$20/\$35/\$50/20% copay \$20/\$40/\$60/20% copay \$20/\$50/\$75/20% copay 20%/30%/50% - \$100 deduct \$0/\$20/\$35/20% - \$250 deduct 50% copay/\$5 min \$15 Generic only

Value Add Benefits
Access to ChoiceConnect – an on-line tool that aids members in being self-sufficient in using their healthcare benefit. Members can check status of claims payments and authorizations, verify benefits, order ID cards and more!

Vision Riders Available
VSP 1 - Exam Only VSP2 - Exam + \$75 towards materials VSP3 - Exam + \$100 towards materials