

Canon City Chamber Health Plans

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
-----------------------	--