



COLORADO CHOICE HEALTH PLANS
Salida Chamber Health Plan

BENEFIT DESCRIPTION	Chamber C12K	Chamber 70	Assoc 80	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	\$0 or \$1100 or \$2200 or \$3500 x2	\$1000 or \$1500 x2	\$500 or \$1000 x2	\$3000 or \$5000 x2	\$1000 or \$1500 x2
Annual Maximum (excludes deductible except HSA) Individual Family	\$6000 x2	\$3500 or \$4000 x2	\$3000 or \$4500 x2	\$5,500 x2 includes deductible	\$3500 or \$10000 x2
Medical Office Visits a) Primary Care b) Specialty Care	\$20 \$40 ded waived	\$25 \$50 ded waived	\$20 \$40 ded waived	\$30 \$60	\$25 \$50 ded waived
Preventive Care	\$20 ded waived	\$25 ded waived	\$20 ded waived	\$30 ded waived	\$25 ded waived
Inpatient Hospital	50% coinsurance	30% coinsurance	20% coinsurance	0% coinsurance	50% coinsurance
Emergency Care	50% coinsurance	30% coinsurance	20% coinsurance	0% coinsurance	50% coinsurance
Ambulance	50% coinsurance	30% coinsurance	20% coinsurance	0% coinsurance	50% coinsurance
Pharmacy Rider	Group can choose: A) \$1 discount card; B) \$15 generic only; C) \$15/40/60; D) 50% coinsurance no cap				
Vision Rider	Group can choose: A) VSP1 - Exam Only; B) VSP2 - Exam +\$75; C) VSP3 - Exam +\$100				

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