

# BENEFIT FEATURES

## GOLD

## PLATINUM

In Network

In Network

Deductible (Single/Family)	\$2,500/\$5,000	\$1,000/\$2,000
Coinsurance (most services)	Plan pays 80%	Plan pays 90%
Out-of-Pocket Limit (Single / Family)	\$5,000/\$10,000	\$2,000/\$4,000

### Routine Services

Physician Office Visit	\$20 copay per visit	\$10 copay per visit
Specialist Office Visit	\$40 copay per visit	\$20 copay per visit
Preventive Services (Adults / Children)	Plan pays 100%	Plan pays 100%

### Other Services

Ambulance service (In-network benefits apply for both INN/OON)	Plan pays 80%	Plan pays 90%
Diagnostic Test (x-ray, blood work)	Plan pays 100%	Plan pays 100%
Imaging (CT/PET scans, MRIs)	Plan pays 80%	Plan pays 90%

### Recovery/Special Health Needs

Chiropractic	\$20 copay per visit	\$10 copay per visit
Home Health Care	Plan pays 80%	Plan pays 90%
Rehabilitation Services	Plan pays 80%	Plan pays 90%
Skilled Nursing Care	Plan pays 80%	Plan pays 90%
Durable Medical Equipment	Plan pays 80%	Plan pays 90%
Hospital Services	Plan pays 100%	Plan pays 100%

### Prescription Drugs

Tier 1/Tier 2/Tier 3	\$15/\$30/\$50	\$15/\$30/\$50
Mail-Order	\$30/\$60/\$100	\$30/\$60/\$100
Specialty	20% max \$150/ 20% max \$150/ 20% of max \$200	20% max \$150/ 20% max \$150/ 20% of max \$200

For further plan information see the Summary of Benefits and Coverage in Paycom.

# BENEFIT FEATURES

	GOLD	PLATINUM
--	------	----------

In Network

In Network

## Hospital Services

Inpatient Hospital

Plan pays 80%

Plan pays 90%

Emergency Room Visits

\$300 Copay  
Deductible + Coinsurance  
*\*Copay waived if admitted*

\$150 Copay  
Deductible + Coinsurance  
*\*Copay waived if admitted*

Urgent Care Visits

\$40 copay per visit

\$20 copay per visit

## Mental Health & Substance Abuse

Mental Health- Outpatient

\$40 copay per visit

\$20 copay per visit

Mental Health- Inpatient

Plan pays 80%

Plan pays 90%

Substance Abuse - Outpatient

\$40 copay per visit

\$20 copay per visit

Substance Abuse - Inpatient

Plan pays 80%

Plan pays 90%

## Limitations/Maximums

Home Health	60 Visits
Hospice	None
Skilled Nursing	60 Visits
PT, OT, ST	20 Visits Combined
Cardiac Therapy	36 Visits
Chiropractic	20 Visits

*For further plan information see the Summary of Benefits and Coverage in Paycom.*

