



# Comparison of Value Choice 1, 2, 3, 4

## Small Group

Overview	VC 1		VC 2		VC 3		VC 4	
	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Calendar year deductible — individual/family	\$500/\$1,000	\$1,000/\$2,000	\$750/\$1,500	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,250/\$2,500	\$2,500/\$5,000
Coinsurance	20%	30%	30%	40%	40%	50%	50%	60%
Out-of-pocket maximum — individual/family	\$4,000/ \$8,000	\$4,000/ \$8,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$6,000/ \$12,000	\$6,000/ \$12,000
Lifetime maximum	None		None		None		None	
<b>Health and Wellness</b>								
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
<b>Office visits</b>								
Chiropractor (20 visits max. per calendar year)	\$20	30%	\$25	40%	\$30	50%	\$35	60%
Primary care physician (PCP)	\$20	30%	\$25	40%	\$30	50%	\$35	60%
Podiatrist	\$20	30%	\$25	40%	\$30	50%	\$35	60%
Maternity	20%	30%	30%	40%	40%	50%	50%	60%
Ultrasound	20%	30%	30%	40%	40%	50%	50%	60%
Delivery	20%	30%	30%	40%	40%	50%	50%	60%
All other specialists (including consultations and second opinions)	\$40	30%	\$45	40%	\$50	50%	\$55	60%
<b>Outpatient services</b>								
Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)	\$20	30%	\$20	40%	\$20	50%	\$20	60%
Allergy shots	\$10	30%	\$10	40%	\$10	50%	\$10	60%
Emergency room services	20%	20%	30%	30%	40%	40%	50%	50%
Lab tests, routine (all outpatient locations)	20%	30%	30%	40%	40%	50%	50%	60%
Outpatient surgery	20%	30%	30%	40%	40%	50%	50%	60%
Preventive care (see certificate of coverage for details)	\$0	30%	\$0	40%	\$0	50%	\$0	60%
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	30%	30%	40%	40%	50%	50%	60%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	20%	30%	30%	40%	40%	50%	50%	60%
Renal dialysis	20%	30%	30%	40%	40%	50%	50%	60%
Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)	20%	30%	30%	40%	40%	50%	50%	60%
Vasectomy (physician office setting)	20%	30%	30%	40%	40%	50%	50%	60%
All other medically necessary outpatient services	20%	30%	30%	40%	40%	50%	50%	60%
<b>Inpatient services (Some services may require authorization)</b>	<b>VC 1</b>		<b>VC 2</b>		<b>VC 3</b>		<b>VC 4</b>	

	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	20%	30%	30%	40%	40%	50%	50%	60%
Hospital admission, medical (includes all services)	20%	30%	30%	40%	40%	50%	50%	60%
Hospital admission, mental health, full and partial (30 days max. per calendar year)	20%	30%	30%	40%	40%	50%	50%	60%
Ambulance	20%	30%	30%	40%	40%	50%	50%	60%
<b>Other services (Some services may require authorization)</b>								
Durable medical equipment and external prosthetic devices (\$2,500 max. per calendar year, limit does not apply to diabetic supplies)	20%	30%	30%	40%	40%	50%	50%	60%
Home health care (60 visits max. per calendar year)	20%	30%	30%	40%	40%	50%	50%	60%
Hospice (180 days maximum per calendar year)	Inpatient	20%	30%	30%	40%	40%	50%	60%
	Outpatient	20%	30%	30%	40%	40%	50%	60%
Hyperbaric oxygen therapy (per treatment)	20%	30%	30%	40%	40%	50%	50%	60%
Pain management (per treatment day)	20%	30%	30%	40%	40%	50%	50%	60%
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	20%	30%	30%	40%	40%	50%	50%	60%
Skilled nursing facility (120 days max. per calendar year)	20%	30%	30%	40%	40%	50%	50%	60%
Urgent care — in service area (must use participating provider)	\$20	\$50	\$25	\$50	\$30	\$50	\$35	\$50

*\*Includes in-network and out-of-network combined*