



# Comparison of Value Plan 5, 5D, 6, 6D, 7, 7D, 8, 8D Large Group

Overview	V 5	V 5D	V 6	V 6D	V 7	V 7D	V 8	V 8D
Calendar year deductible — individual/family	None	\$250/\$500	None	\$500/\$1,000	None	\$750/\$1,500	\$None	\$1,000/\$2,000
Coinsurance	20%		25%		30%		35%	
Out-of-pocket maximum — individual/family	\$2,000/\$4,000		\$2,500/\$5,000		\$3,000/\$6,000		\$5,000/\$10,000	
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		\$0		\$0		\$0	
<b>Office visits</b>								
Chiropractor (20 visits max. per calendar year)	\$15		\$20		\$25		\$30	
Primary care physician (PCP)	\$15		\$20		\$25		\$30	
Podiatrist	\$15		\$20		\$25		\$30	
Maternity	20%		25%		30%		35%	
Ultrasound	20%		25%		30%		35%	
Delivery	20%		25%		30%		35%	
All other specialists (including consultations and second opinions)	\$30		\$40		\$50		\$60	
<b>Outpatient services</b>								
Alcohol/substance abuse, mental health treatment	\$20		\$20		\$20		\$20	
Allergy shots	\$10		\$10		\$10		\$10	
Emergency room services	\$150		\$200		\$250		\$300	
Lab tests, routine (all outpatient locations)	20%		25%		30%		35%	
Outpatient surgery	20%		25%		30%		35%	
Preventive care (see certificate of coverage for details)	\$0		\$0		\$0		\$0	
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%		25%		30%		35%	
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	20%		25%		30%		35%	
Renal dialysis	20%		25%		30%		35%	
Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)	20%		25%		30%		35%	
Vasectomy (physician office setting)	20%		25%		30%		35%	
All other medically necessary outpatient services	20%		25%		30%		35%	

Inpatient services (Some services may require	V 5	V 5D	V 6	V 6D	V 7	V 7D	V 8	V 8D
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authorization)					
Hospital admission, alcohol/substance abuse (detox and acute care only)	20%	25%	30%	35%	
Hospital admission, medical (includes all services)	20%	25%	30%	35%	
Hospital admission, mental health	20%	25%	30%	35%	
Ambulance	20%	25%	30%	35%	
<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%	25%	30%	35%	
Home health care (60 visits max. per calendar year)	20%	25%	30%	35%	
Hospice (180 days maximum per calendar year)	Inpatient	20%	25%	30%	35%
	Outpatient	20%	25%	30%	35%
Hyperbaric oxygen therapy (per treatment)	20%	25%	30%	35%	
Pain management (per treatment day)	20%	25%	30%	35%	
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	20%	25%	30%	35%	
Skilled nursing facility (120 days max. per calendar year)	20%	25%	30%	35%	
Urgent care — in service area (must use participating provider)	\$15	\$20	\$25	\$30	
Urgent care — out of service area	\$40	\$40	\$50	\$60	