



Comparison of PS2, PS4 Large Group

Overview	PS 2		PS 4	
	In network	Out of network	In network	Out of network
Calendar year deductible — individual/family	None/None	\$500/\$1,500	None/None	\$1,000/\$3,000
Coinsurance	15%	25%	20%	30%
Out-of-pocket maximum — individual/family	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
Lifetime maximum	None		None	
Health and Wellness				
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	Not Covered	\$0	Not Covered
Office visits				
Chiropractor (20 visits max. per calendar year)	\$15	25%	\$20	30%
Primary care physician (PCP)	\$15	25%	\$20	30%
Podiatrist	\$15	25%	\$20	30%
Maternity	\$30	25%	\$40	30%
Ultrasound	\$25	25%	\$25	30%
Delivery	\$250/admission	25%	\$200/day (days 1-5)	30%
All other specialists (including consultations and second opinions)	\$30	25%	\$40	30%
Outpatient services				
Alcohol/substance abuse, mental health treatment	\$20	25%	\$20	30%
Allergy shots	\$10	25%	\$10	30%
Emergency room services	\$100	\$100	\$200	\$200
Lab tests, routine (all outpatient locations)	15%	25%	20%	30%
Outpatient surgery (includes colonoscopy and endoscopy)	\$200	25%	\$250	30%
Preventive care -(see certificate of coverage for details)	\$0	25%	\$0	30%
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	15%	25%	20%	30%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies) per date of service for each imaging category	\$75	25%	\$100	30%
Renal dialysis	\$0	25%	\$0	30%
Select therapies (chemotherapy, radiation, drug infusion, IV therapy)	\$0	25%	\$0	30%
Vasectomy (physician office setting)	\$50	25%	\$50	30%
All other medically necessary outpatient services	\$0	25%	\$0	30%
Inpatient services (Some services may require authorization)				
Hospital admission, alcohol/substance abuse (detox and acute care only)	\$250/admission	25%	\$200/day (days 1-5)	30%
Hospital admission, medical (includes all services)	\$250/admission	25%	\$200/day (days 1-5)	30%
Hospital admission, mental health	\$250/admission	25%	\$200/day (days 1-5)	30%
Ambulance	\$0	25%	\$0	30%
Other services (Some services may require authorization)				
Durable medical equipment & external prosthetic devices (\$2,500 max./calendar year, limit does not apply to diabetic supplies)	15%	25%	20%	30%
Home health care (60 visits max. per calendar year)	\$0	25%	\$0	30%
Hospice (180 days maximum per calendar year)	Inpatient Outpatient	\$250/admission \$0	25%	\$200/day (days 1-5) \$0
Hyperbaric oxygen therapy (per treatment)	\$0	25%	\$0	30%
Pain management (per treatment day)	\$30	25%	\$40	30%
Rehabilitation, short-term (physical, speech, occupational therapy, pulmonary, and cardiac rehab)	\$20	25%	\$20	30%
Skilled nursing facility (120 days max. per calendar year)	\$250/admission	25%	\$200/day (days 1-5)	30%
Urgent care — in service area (must use participating provider)	\$15	\$40	\$20	\$40

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