

PLAN COMPARISON FOR APOLLO - CDPHP ASSOCIATION OPTIONS.



Benefit	CDPHP High Deduct. PPO		CDPHP EPO		CDPHP PPO		Your Current Plan	
	In Ntwk	Out Ntwk	In Ntwk	Out Ntwk	In Ntwk	Out Ntwk	In Ntwk	Out Ntwk
Deductible - Single.	\$2,700	\$5,000	\$750	n/a	\$500	\$2,000		
Family	\$5,400	\$10,000	\$1,875		\$1,250	\$5,000		
Coinsurance	90/10	50/50	80/20		80/20	70/30		
Max out-of-pocket Single	\$4,000	\$10,000	\$2,750		\$2,500	no coins max		
(includes ded.) Family	\$8,000	\$20,000	\$6,875		\$6,250	no coins max		
Max per Benefit Period	\$1,000,000	\$1,000,000	\$1,000,000		\$1,000,000	\$500,000		
Inpatient Hospital (newborn in ntw coin waiv)	Ded/Coins	Ded/Coins	Ded/Coins		Ded/Coins	Ded/Coins		
Inpatient Physician	Ded/Coins	Ded/Coins	Ded/Coins		Ded/Coins	Ded/Coins		
Outpatient Surgery	Ded/Coins	Ded/Coins	Ded/Coins		Ded/Coins	Ded/Coins		
Diagnostic Office Vis.	Ded/Coins	Ded/Coins	\$35		\$35	Ded/Coins		
Annual Adult Physical	Coins-no ded.	Ded/Coins	Paid in Full		Paid in Full	Ded/Coins		
Well Child	Coins-no ded.	Ded/Coins	Paid in Full		Paid in Full	Ded/Coins		
Annual GYN Physical	Coins-no ded.	Ded/Coins	Paid in Full		Paid in Full	Ded/Coins		
Diagnostic Prevent Test (mammogram, prostate cervical cytology)	Coins-no ded.	Ded/Coins	Paid in Full		Paid in Full	Ded/Coins		
Diagnostic Test other than preventative listed above	Ded/Coins coins waived at desig sites	Ded/Coins	Hosp Ded/Co \$35 in off or FS \$0 desig sites		Hosp Ded/Co \$35 in off or FS \$0 desig sites	Ded/Coins		
Physical Therapy	Ded/Coins	Ded/Coins	\$35		\$35	Ded/Coins		
Occupational Therapy	Ded/Coins	Ded/Coins	\$35		\$35	Ded/Coins		
(limit 30v for Phys & Occ Speech Therapy	not covered	not covered	not covered		not covered	not covered		
Urgent Care	Ded/Coins	Ded/Coins	\$45		\$45	Ded/Coins		
Emergency Room	Ded/Coins coins waived if	same as in ntw admitted 24 hrs	Ded/Coins		Ded/Coins	same as in ntw		
Ambulance	Ded/Coins	same as in ntw	Ded/Coins		Ded/Coins	same as in ntw		

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	In Ntwk	Out Ntwk	In Ntwk	Out Ntwk	In Ntwk	Out Ntwk	In Ntwk	Out Ntwk
Outpatient Subst. Abuse (60 visits per cal yr)	Ded/Coins	Ded/Coins	\$35	n/a	\$35	Ded/Coins		
Inpatient Subst. Abuse (30 days - 7 days Detox)	Ded/Coins	not covered	not covered (rider available)		Ded/Coins	not covered		
Outpatient Mental Health	not covered (rider available)	not covered	not covered (rider available)		not covered (rider available)	not covered		
Inpatient Mental Health	not covered (rider available)		not covered (rider available)		not covered (rider available)			
Home Health Care	Ded/Coins	Ded/Coins	\$50 Ded then Coins		\$50 Ded then Coins	\$50 Ded then 25% Coin		
Skilled Nursing Facility (365 days)	Ded/Coins	not covered	Ded/Coins		Ded/Coins	not covered		
Inpatient Physical Rehab (up to 30 days per diag.)	Ded/Coins	Ded/Coins	Ded/Coins		Ded/Coins	Ded/Coins		
Hospice (up to 210 days life)		Ded/Coins	Ded/ in full		Ded/ in full	Ded/Coins		
Diabetic Supplies	Ded then \$15	Ded/Coins	\$15		\$15	Coin - no ded.		
Durable Medical Equip	Ded/50% Coin 25k life max	not covered	50% Coins 25k life max		50% Coins 25k life max	not covered		
Prescription Drugs	Covered in Network Only		Covered in Network Only		Covered in Network Only			
	Option 1	Option 2	Option A	Option B	Option A	Option B		
Generic	95%/5%	\$4&15	\$4&15	\$4&15	\$4&15	\$4&15		
Preferred Brand	95%/5%	50%/50%	\$30	50%/50%	\$30	50%/50%		
Non Preferred Brand	95%/5%	50%/50%	\$60	50%/50%	\$60	50%/50%		
	Option 3	note - Rx on HD PPO is	2k ann max	no ann max	2k ann max	no ann max		
Generic	50%/50%							
Preferred Brand	50%/50%	after deductible						
Non Preferred Brand	50%/50%	until coins max						
Dependents covered	19/25	19/25	19/25		19/25	19/25		

Comparison is for illustration and highlights - the terms, limitations, conditions and exclusions of the insurance contract and certificate govern