



HealthPlan Express – ExpressMed Copay at-a-Glance

PPO Plan Designs

Traditional Plan Design

	ExpressMed Copay 80 (PPO)		ExpressMed Copay 50 (PPO)		ExpressMed Copay Traditional 80
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	
Available Deductibles (Maximum of 3 per family, per calendar year)	\$500*, \$1000 \$1500, \$2500 \$5000, \$7500 \$10,000	\$1000 more than the PPO deductible, in addition to In-Network deductible. This deductible accumulates separately from the PPO deductible.	\$500*, \$1000 \$1500, \$2500 \$5000, \$7500 \$10,000	\$1000 more than the PPO deductible, in addition to In-Network deductible. This deductible accumulates separately from the PPO deductible.	\$500, \$1000, \$1500, \$2500, \$5000, \$7500 \$10,000
Coinsurance	80/20 to \$10,000	60/40 to \$10,000 subject to usual & customary	50/50 to \$10,000	50/50 to \$14,000 subject to usual & customary	Any provider 80/20 to \$10,000 Subject to usual & customary
Maximum You Have to Pay (Maximum of 3 per family, per calendar year) <i>(In addition to deductible)</i>	Ded. plus \$2000	Out-of-Network deductible plus \$4000. Plus charges in excess of usual & customary	Ded. plus \$5000	Out-of-Network deductible plus \$7000. Plus charges in excess of usual & customary	Ded. plus \$2,000 plus charges in excess of usual & customary <i>Usual and customary coverage limit does not apply at providers in the network listed on covered person's ID card.</i>
Lifetime Maximum	\$3,000,000		\$3,000,000		\$3,000,000
Physicians Office Visit Copayments are not subject to deductible & coinsurance.	In-PPO: \$40 Copayment (Related expenses, such as X-rays and lab tests, are subject to deductible & coinsurance) Out-of-PPO: Subject to deductible & coinsurance.				Subject to deductible & coinsurance
Prescription Drugs Copayments are not subject to policy/certificate deductible or coinsurance. The "Formulary" is a list of brand-name drugs selected for their proven effectiveness and affordability. A copy is available from your agent.	Generic: \$10 or 20% of the drug's cost, whichever is higher. Brand Name: Subject to policy/certificate deductible & coinsurance; discount drug card provides first-dollar discounts. <i>Optional: If Prescription Drug Copay Benefit is purchased: \$250 calendar year prescription drug deductible, then</i> Generic: \$10 or 20% of the drug's cost, whichever is higher; Brand Name (formulary): \$30 or 50% of the drug's cost, whichever is higher (40% in Georgia); Brand Name (non-formulary): \$40 or 50% of the drug's cost, whichever is higher (40% in Georgia).				
Inpatient Hospital	Subject to deductible & coinsurance				
Outpatient Medical	Subject to deductible & coinsurance				
Emergency Room	Provides 100% coverage up to \$1000 after a \$150 copayment, then subject to deductible & coinsurance.				\$150 copayment, then subject to deductible and coinsurance
Term Life Insurance Rider**	Available		Available		Available
Foreign Travel Emergency	Coverage for the first 60 days with a \$100,000 lifetime maximum subject to the same deductible and coinsurance limits as the base plan.				
Wellness Benefit Option	Not covered unless optional Wellness Benefit selected <i>Optional:</i> Up to \$250 for In-PPO wellness benefits per person, per calendar year, after a \$40 copayment. Out-of-Network – no wellness benefit. (Eligibility starts 6 months after plan is effective.)				Not available
Rate Guarantee	18 month rate guarantee period				

* \$500 Deductible is not an available deductible for PPO 80 and PPO 50 plans.

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