

	HealthPass/HIP HIP EPOCs 30/50-1500(EPOc)		HealthPass/HIP HIP EPOCs 25-1000(EPOc)		HealthPass/HIP HP HIP Std 20(HMO)
	In-Network	Out-Network	In-Network	Out-Network	In-Network
Drug Card					
Prescription Card	20/30/50/Yes/0	UCR=N/A	20/30/50/Yes/50	UCR=N/A	10/20/40/Yes/50/2000 UCR=N/A
Major Medical					
Deductible Ind/Fam	\$1,500/\$3,000		\$1,000/\$2,000		N/A
Co-Insurance	90%		90%		100%
Out-of-Pocket	\$1,000/\$2,000		\$500/\$1,000		N/A
Office Co-pay	\$30		\$25		\$20 Co-pay
DXL/Lab Fees	\$30		\$25		\$20 Co-pay
Specialist Co-pay	\$50		\$25		\$20 Co-pay
Lifetime Maximum	Unlimited		Unlimited		Unlimited
Hospital Benefits					
Hospital In-Patient	Ded & Colns		Ded & Colns		\$500/Admission
Hospital Out-Patient	Ded & Colns		Ded & Colns		No Charge
Emergency Room	\$50 Copay		\$50 Copay		\$50 Co-pay
Private Nursing	Covered in Full		Covered 100%		Not Covered
Surgical Benefits					
Surgical In-Patient	Ded & Colns		Ded & Colns		\$500 Co-pay
Surgical Out-Patient	Ded & Colns		Ded & Colns		No Charge
Mental Health					
Mental Nervous In-Patient	Ded & Colns 30 days max/yr		Ded & Colns 30 days max/yr		30 Days Psych./Cal.Yr \$500/Admission 30 Days/Cal.Yr.
Substance Abuse In-Patient	Ded & Colns 30 days max/yr-Rehab 7 days max/yr-Detox		Ded & Colns 30 days max/yr- Rehab 7 days max/yr- Detox		Not Covered
Mental Nervous Out-Patient	\$50 Copay 20 visits max/yr		\$25 Copay 20 visits max/yr		20 Visits/Cal.Yr. \$20 Co-pay
Substance Abuse Out-Patient	\$50 Copay 60 visits max/yr		\$25 Copay 60 visits max/yr		60 Visits/Cal.Yr. \$20 Co-pay
Other					
Well Care(Up to 19)	No Copay		No Charge		No Charge
Routine Adult Care	\$30 Copay		\$25 Copay		\$20 Co-pay
Chiropractic Care	\$50 Copay		\$25 Copay		\$20/Visit
Home Health Care	Ded & Colns-40 visits max/yr		40 visits max/yr		40 Vst/Cal.Yr.- No Charge
Non-Authorization	Required		No Information Available		
Single	1 x \$392.31		1 x \$362.85		1 x \$577.99
EE with Spouse	1 x \$781.56		1 x \$722.65		1 x \$1,152.94
EE with Child(ren)	1 x \$727.05		1 x \$672.27		1 x \$1,072.44
Family	1 x \$1,194.13		1 x \$1,104.00		1 x \$1,762.32
Medicare	0 \$0.00		0 \$0.00		0 \$0.00
Monthly Cost	4 \$3,095.05		4 \$2,861.77		4 \$4,565.69
Annual Cost	\$37,140.60		\$34,341.24		\$54,788.28