



Integrated Health Insurance Program

Municipalities



INTEGRATED HEALTH INSURANCE PROGRAM PPO PLANS

Member Responsibility	PPO ZERO	PPO 100	PPO 250	PPO 500	PPO 1000	PPO 1500	PPO 2000
General Benefits							
Individual Calendar Year Deductible	\$0	\$100	\$250	\$500	\$1,000	\$1,500	\$2,000
Family Calendar Year Deductible	\$0	\$300	\$750	\$1,500	\$2,000	\$3,000	\$4,000
Coinsurance	No Charge	10% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	40% After Deductible
Individual Calendar Year Out-of-Pocket Maximum	\$1,250	\$1,500	\$2,000	\$3,250	\$4,250	\$5,000	\$6,350
Family Calendar Year Out-of-Pocket Maximum	\$3,750	\$4,500	\$6,000	\$9,750	\$12,700	\$10,000	\$12,700
Doctor Visits							
Doctor Visits (Primary Care)	\$10 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$30 Copay	\$40 Copay
Doctor Visits (Specialists)	\$10 Copay	\$20 Copay	\$20 Copay	\$30 Copay	\$40 Copay	\$40 Copay	\$50 Copay
Adult Preventive Care/Immunizations	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Child Preventive Care/Immunizations	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Lab & X-Ray							
Outpatient Diagnostic Tests/Imaging	No Charge	10% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	40% After Deductible
Radiation Therapy Chemotherapy	No Charge	10% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	40% After Deductible
Medical Benefits							
Ambulance-Ground/Air	Paid at 100%	10% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	40% After Deductible
Physical Therapy	Paid at 100%	10% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	40% After Deductible
Acupuncture	Paid at 100% Copay if Applicable Max 12 Visits per calendar year	Paid at 100% Copay if Applicable Max 12 Visits per calendar year	Paid at 100% Copay if Applicable Max 12 Visits per calendar year	Paid at 100% Copay if Applicable Max 12 Visits per calendar year	Paid at 80% Applicable Max 12 Visits per calendar year after ded.	30% After Deductible Copay if Applicable Max 12 visits per year	40% After Deductible Copay if Applicable Max 12 visits per year
Chiropractic	Applicable Copay only	10% Plus applicable copay	20% plus applicable copay	20% plus applicable copay	30% After Deductible	30% After Deductible	40% After Deductible
Durable Medical Equipment	Paid at 100%	10% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	40% After Deductible

