

Groups Covered	Healthmate No deductible Plan		Healthmate \$750 Deductible Plan	
Types of Coverage	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network Benefits
Deductible	Single: None Family: None	Single: \$100 Family: \$100 per member per calendar year. Up to three family members must separately meet the \$100 individual deductible.	Single: \$750 Family: \$1500	Single: \$750 Family: \$1500
Coinsurance	100%	80%	100%	80%
Out-of-Pocket Maximum	Single: N/A Family: N/A	Single: \$1,000 Family: \$1,000 per member per calendar year. Up to three family members must separately meet the \$1,000 individual maximum out-of-pocket expense.	Single: \$2,000 Family: \$4,000	Single: \$5,000 Family: \$10,000
Office Visits	Preventive: \$10 copay Primary Care: \$10 copay Specialist: \$10 copay (Allergy & Dermatology \$15)	Preventive: 80% less \$10 copay after deductible Primary Care: 80% less \$10 copay after deductible Specialist: 80% less \$10 copay after deductible	Preventive: \$0 copay Primary Care: \$30 copay Specialist: \$30 copay	Preventive: 80% less \$30 copay after deductible Primary Care: 80% less \$30 copay after deductible Specialist: 80% less \$30 copay after deductible
Hospital - facility	Inpatient: 100% Outpatient: 100%	Inpatient: 80% after deductible Outpatient: 80% after deductible	Inpatient: 100% after deductible Outpatient: 100% after deductible	Inpatient: 80% after deductible Outpatient: 80% deductible
Emergency Room Services (Waived if admitted)	\$100 copay Annual max: \$200 per individual \$300 per family	\$100 copay, deductible does not apply Annual max: \$200 per individual \$300 per family	\$100 copay	\$100 copay
Mental Health Services	Inpatient: 100% Office Visit: \$10 copayment	Inpatient: 80% Office Visit: 80% less \$10 after deductible	Inpatient: 100% Office Visit: \$15 copay	Inpatient: 80% after deductible Office Visit: 80% less \$30 copayment deductible does not apply
Substance Abuse Services-Inpatient and Intermediate	Inpatient: 100% Office Visit: \$10 copayment	Inpatient: 80% Office Visit: 80% less \$10 after deductible	Inpatient: 100% Office Visit: \$15 copay	Inpatient: 80% after deductible Office Visit: 80% less \$30 copayment deductible does not apply