

Vigilant Group Benefits Trust
A Plans - Medical Plan Comparison
For Effective Dates 1/01/2017 through 12/31/2017

Plan Options	PPO A 80% Plan 500		PPO A 80% Plan 1000		PPO A 80% Plan 1500		PPO A 80% Plan 2000		PPO A 80% Plan 2500		PPO A 80% Plan 3500		PPO A 80% Plan 5000	
Annual Deductible (Individual/Family)	\$500 / \$1,500		\$1,000 / \$3,000		\$1,500 / 4,500		\$2,000 / \$6,000		\$2,500 / \$7,500		\$3,500 / \$7,000		\$5,000 / \$10,000	
Coinsurance Maximum (Individual/Family)	\$2,500 / \$7,500		\$3,000 / \$9,000		\$3,500 / 10,500		\$4,000 / \$12,000		\$4,500 / \$9,000		\$6,350 / \$12,700		\$6,350 / \$12,700	
Plan Benefits	<u>Category 1</u>	<u>Category 2 & 3</u>	<u>Category 1</u>	<u>Category 2 & 3</u>	<u>Category 1</u>	<u>Category 2 & 3</u>	<u>Category 1</u>	<u>Category 2 & 3</u>	<u>Category 1</u>	<u>Category 2 & 3</u>	<u>Category 1</u>	<u>Category 2 & 3</u>	<u>Category 1</u>	<u>Category 2 & 3</u>
Coinsurance Level	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
ER Copay (Deductible waived if admitted)	\$100, deductible and 80%		\$100, deductible and 80%		\$100, deductible and 80%		\$100, deductible and 80%		\$100, deductible and 80%		\$100, deductible and 80%		\$100, deductible and 80%	
Physician Office Visit	<u>Category 1 & 2</u> \$25 Copay	<u>Category 3</u> deductible then 60%	<u>Category 1 & 2</u> \$25 Copay	<u>Category 3</u> deductible then 60%	<u>Category 1 & 2</u> \$25 Copay	<u>Category 3</u> deductible then 60%	<u>Category 1 & 2</u> \$25 Copay	<u>Category 3</u> deductible then 60%	<u>Category 1 & 2</u> \$25 Copay	<u>Category 3</u> deductible then 60%	<u>Category 1 & 2</u> \$25 Copay	<u>Category 3</u> deductible then 60%	<u>Category 1 & 2</u> \$25 Copay	<u>Category 3</u> deductible then 60%
Preventive Care (Deductible Waived)	100%		100%		100%		100%		100%		100%		100%	
Diagnostic X-Ray and Lab	First \$500 - Deductible waived, paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived, paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived, paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived, paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived, paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived, paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived, paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance	
Spinal Manipulations (Deductible Waived)	80% 24 visits PCY shared with acupuncture		80% 24 visits PCY shared with acupuncture		80% 24 visits PCY shared with acupuncture		80% 24 visits PCY shared with acupuncture		80% 24 visits PCY shared with acupuncture		80% 24 visits PCY shared with acupuncture		80% 24 visits PCY shared with acupuncture	
Acupuncture (Deductible Waived)	80% 24 visits PCY shared with spinal manipulations		80% 24 visits PCY shared with spinal manipulations		80% 24 visits PCY shared with spinal manipulations		80% 24 visits PCY shared with spinal manipulations		80% 24 visits PCY shared with spinal manipulations		80% 24 visits PCY shared with spinal manipulations		80% 24 visits PCY shared with spinal manipulations	
Rehabilitation Inpatient - 30 days PCY Outpatient - 25 visits PCY	deductible then 80%	deductible then 60%	deductible then 80%	deductible then 60%	deductible then 80%	deductible then 60%	deductible then 80%	deductible then 60%	deductible then 80%	deductible then 60%	deductible then 80%	deductible then 60%	deductible then 80%	deductible then 60%
Mental Health Chemical Dependency	<u>Category 1 & 2</u> Outpatient - \$25 Copay then 100% Inpatient - ded then 80%	<u>Category 3</u> Outpatient - 60% Inpatient - ded then 60%	<u>Category 1 & 2</u> Outpatient - \$25 Copay then 100% Inpatient - ded then 80%	<u>Category 3</u> Outpatient - 60% Inpatient - ded then 60%	<u>Category 1 & 2</u> Outpatient - \$25 Copay then 100% Inpatient - ded then 80%	<u>Category 3</u> Outpatient - 60% Inpatient - ded then 60%	<u>Category 1 & 2</u> Outpatient - \$25 Copay then 100% Inpatient - ded then 80%	<u>Category 3</u> Outpatient - 60% Inpatient - ded then 60%	<u>Category 1 & 2</u> Outpatient - \$25 Copay then 100% Inpatient - ded then 80%	<u>Category 3</u> Outpatient - 60% Inpatient - ded then 60%	<u>Category 1 & 2</u> Outpatient - \$25 Copay then 100% Inpatient - ded then 80%	<u>Category 3</u> Outpatient - 60% Inpatient - ded then 60%	<u>Category 1 & 2</u> Outpatient - \$25 Copay then 100% Inpatient - ded then 80%	<u>Category 3</u> Outpatient - 60% Inpatient - ded then 60%
Prescription Drug Plans														
Retail (30 day)	\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75	
Mail (90 day)	\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150	