

Vigilant Group Benefits Trust
B Plans - Medical Plan Comparison
For Effective Date 1/1/2017 through 12/31/2017

Plan Options	PPO B 70% Plan 500		PPO B 70% Plan 1000		PPO B 70% Plan 1500		PPO B 70% Plan 2000		PPO B 70% Plan 2500		PPO B 70% Plan 3500		PPO B 70% Plan 5000	
Annual Deductible (Individual/Family)	\$500 / \$1,500		\$1,000 / \$3,000		\$1,500 / \$4,500		\$2,000 / \$4,000		\$2,500 / \$5,000		\$3,500 / \$7,000		\$5,000 / \$10,000	
Coinsurance Maximum (Individual/Family)	\$3,500 / \$10,500		\$4,000 / \$12,000		\$4,500 / \$9,000		\$6,000 / \$12,000		\$6,350 / \$12,700		\$6,350 / \$12,700		\$6,350 / \$12,700	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%
ER Copay (Waived if admitted)	\$100, deductible and 70%		\$100, deductible and 70%		\$100, deductible and 70%		\$100, deductible and 70%		\$100, deductible and 70%		\$100, deductible and 70%		\$100, deductible and 70%	
Physician Office Visit	Category 1 & 2 \$25 Copay	Category 3 deductible then 50%	Category 1 & 2 \$25 Copay	Category 3 deductible then 50%	Category 1 & 2 \$25 Copay	Category 3 deductible then 50%	Category 1 & 2 \$25 Copay	Category 3 deductible then 50%	Category 1 & 2 \$25 Copay	Category 3 deductible then 50%	Category 1 & 2 \$25 Copay	Category 3 deductible then 50%	Category 1 & 2 \$25 Copay	Category 3 deductible then 50%
Preventive Care (Deductible Waived)	100%		100%		100%		100%		100%		100%		100%	
Diagnostic X-Ray and Lab	First \$500 - Deductible waived and paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived and paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived and paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived and paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived and paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived and paid at 100% PCY After \$500 - deductible applies and paid at applicable coinsurance		First \$500 - Deductible waived and 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 70%	deductible then 50%	deductible then 70%	deductible then 50%	deductible then 70%	deductible then 50%	deductible then 70%	deductible then 50%	deductible then 70%	deductible then 50%	deductible then 70%	deductible then 50%	deductible then 70%	deductible then 50%
Mental Health Chemical Dependency	Category 1 & 2 Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Category 3 Outpatient - 50% Inpatient - ded then 50%	Category 1 & 2 Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Category 3 Outpatient - 50% Inpatient - ded then 50%	Category 1 & 2 Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Category 3 Outpatient - 50% Inpatient - ded then 50%	Category 1 & 2 Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Category 3 Outpatient - 50% Inpatient - ded then 50%	Category 1 & 2 Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Category 3 Outpatient - 50% Inpatient - ded then 50%	Category 1 & 2 Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Category 3 Outpatient - 50% Inpatient - ded then 50%	Category 1 & 2 Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Category 3 Outpatient - 50% Inpatient - ded then 50%
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	