

Vigilant Group Benefits Trust
ACO L & M Plans - Medical Plan Comparison
For Effective Dates 1/01/2016 through 12/31/2016

Plan Options	ACO 80% Plan 500 / 1000		ACO 80% Plan 1000 / 2000		ACO 80% Plan 2000 / 4000		ACO 80% Plan 5000 / 10000	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Annual Deductible (Individual/Family)	\$500 / \$1,000	\$1,000 / 2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Coinsurance Maximum (Individual/Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$6,350 / \$12,700	\$12,700 / 25,400
Plan Benefits	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Coinsurance Level	80%	50%	80%	50%	80%	50%	80%	50%
ER Copay (Waived if admitted)	\$250, deductible then 80%		\$250, deductible then 80%		\$250, deductible then 80%		\$250, deductible then 80%	
Physician Office Visit	\$25 PCP, \$45 Specialist	deductible then 50%	\$25 PCP, \$45 Specialist	deductible then 50%	\$25 PCP, \$45 Specialist	deductible then 50%	\$25 PCP, \$45 Specialist	deductible then 50%
Preventive Care	100%, deductible waived	50%, deductible applies	100%, deductible waived	50%, deductible applies	100%, deductible waived	50%, deductible applies	100%, deductible waived	50%, deductible applies
Diagnostic X-Ray and Lab	First \$400 - Deductible Waived and paid at 100% PCY After \$400 - Deductible Applies and paid at applicable coinsurance		First \$400 - Deductible Waived and paid at 100% PCY After \$400 - Deductible Applies and paid at applicable coinsurance		First \$400 - Deductible Waived and paid at 100% PCY After \$400 - Deductible Applies and paid at applicable coinsurance		First \$400 - Deductible Waived and paid at 100% PCY After \$400 - Deductible Applies and paid at applicable coinsurance	
Spinal Manipulations (Deductible Waived)	\$25 24 visits PCY shared with acupuncture		\$25 24 visits PCY shared with acupuncture		\$25 24 visits PCY shared with acupuncture		\$25 24 visits PCY shared with acupuncture	
Acupuncture (Deductible Waived)	\$25 24 visits PCY shared with spinal manipulations		\$25 24 visits PCY shared with spinal manipulations		\$25 24 visits PCY shared with spinal manipulations		\$25 24 visits PCY shared with spinal manipulations	
Rehabilitation Inpatient - 30 days PCY Outpatient - 25 visits PCY	80%	50%	80%	50%	80%	50%	80%	50%
Mental Health Chemical Dependency	Outpatient - \$25 Copay then 100%	Outpatient - 50% after ded	Outpatient - \$25 Copay then 100%	Outpatient - 50% after ded	Outpatient - \$25 Copay then 100%	Outpatient - 50% after ded	Outpatient - \$25 Copay then 100%	Outpatient - 50% after ded
	Inpatient - 80% after ded	Inpatient - 50% afer ded	Inpatient - 80% after ded	Inpatient - 50% afer ded	Inpatient - 80% after ded	Inpatient - 50% afer ded	Inpatient - 80% after ded	Inpatient - 50% afer ded
Prescription Drug Plans	\$250 Deductible for brand name medications							
Retail (90 day)	\$7 Ded Waived / 25% / 50%		\$7 Ded Waived / 25% / 50%		\$7 Ded Waived / 25% / 50%		\$7 Ded Waived / 25% / 50%	
Value Plus Drug List Select generic and brand formulary medications (Deductible Waived)	\$4		\$4		\$4		\$4	