

**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	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Annual Deductible (Individual/Family)</b>	\$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
<b>Coinsurance Maximum (Individual/Family)</b>	\$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
<b>Plan Benefits</b>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Coinsurance Level</b>	80%	50%	80%	50%	80%	50%	80%	50%
<b>ER Copay (Waived if admitted)</b>	\$250, deductible then 80%		\$250, deductible then 80%		\$250, deductible then 80%		\$250, deductible then 80%	
<b>Physician Office Visit</b>	\$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%
<b>Preventive Care</b>	100%, deductible waived	50%, deductible applies	100%, deductible waived	50%, deductible applies	100%, deductible waived	50%, deductible applies	100%, deductible waived	50%, deductible applies
<b>Diagnostic X-Ray and Lab</b>	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	
<b>Spinal Manipulations (Deductible Waived)</b>	\$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	
<b>Acupuncture (Deductible Waived)</b>	\$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	
<b>Rehabilitation</b> Inpatient - 30 days PCY Outpatient - 25 visits PCY	80%	50%	80%	50%	80%	50%	80%	50%
<b>Mental Health Chemical Dependency</b>	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
<b>Prescription Drug Plans</b>	<b>\$250 Deductible for brand name medications</b>							
<b>Retail (90 day)</b>	\$7 Ded Waived / 25% / 50%		\$7 Ded Waived / 25% / 50%		\$7 Ded Waived / 25% / 50%		\$7 Ded Waived / 25% / 50%	
<b>Value Plus Drug List</b> Select generic and brand formulary medications (Deductible Waived)	\$4		\$4		\$4		\$4	