

**Vigilant Group Benefits Trust**  
**B Plans - Medical Plan Comparison**  
**For Effective Date 1/1/2016 through 12/31/2016**

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	
<b>Annual Deductible (Individual/Family)</b>	\$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	
<b>Coinsurance Maximum (Individual/Family)</b>	\$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	
<b>Plan Benefits</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>	<b>Category 1</b>	<b>Category 2 &amp; 3</b>
<b>Coinsurance Level</b>	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%
<b>ER Copay (Waived if admitted)</b>	\$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%	
<b>Physician Office Visit</b>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>
	\$25 Copay	deductible then 50%	\$25 Copay	deductible then 50%	\$25 Copay	deductible then 50%	\$25 Copay	deductible then 50%	\$25 Copay	deductible then 50%	\$25 Copay	deductible then 50%	\$25 Copay	deductible then 50%
<b>Preventive Care (Deductible Waived)</b>	100%		100%		100%		100%		100%		100%		100%	
<b>Diagnostic X-Ray and Lab</b>	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	
<b>Spinal Manipulations (Deductible Waived)</b>	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	
<b>Acupuncture (Deductible Waived)</b>	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	
<b>Rehabilitation</b>														
Inpatient - 30 days 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%
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%
<b>Mental Health Chemical Dependency</b>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>	<u>Category 1 &amp; 2</u>	<u>Category 3</u>
	Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Outpatient - 50% Inpatient - ded then 50%	Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Outpatient - 50% Inpatient - ded then 50%	Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Outpatient - 50% Inpatient - ded then 50%	Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Outpatient - 50% Inpatient - ded then 50%	Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Outpatient - 50% Inpatient - ded then 50%	Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Outpatient - 50% Inpatient - ded then 50%	Outpatient - \$25 Copay then 100% Inpatient - ded then 70%	Outpatient - 50% Inpatient - ded then 50%
<b>Prescription Drug Plans</b>														
<b>Retail (90 day)</b>	\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75		\$15/\$35/\$75	
<b>Mail (90 day)</b>	\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150		\$30/\$70/\$150	