

## PBT Preferred Choice Indemnity Plans

Choice of Deductibles	\$150, \$300, \$500, \$750, \$1,000, \$2,000, \$3,000						\$2,500, \$5,000	
	Option 1		Option 3		Option 5			
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider		
<b>Coinsurance Percentage</b>	PBT pays 90% of next \$5,000 of eligible charges, then 100%	PBT pays 80% of next \$5,000 of eligible charges, then 100%	PBT pays 70% of next \$12,500 of eligible charges, then 100%	PBT pays 60% of next \$12,500 of eligible charges, then 100%	PBT pays 100% of eligible charges	PBT pays 90% of next \$10,000 of eligible charges, then 100%		
<b>Your Annual Out-of-Pocket Maximum</b>	Deductible + \$500	Deductible + \$1,000	Deductible + \$3,750	Deductible + \$5,000	Deductible	Deductible + \$1,000		
<b>Physician Office Visits</b> (If not Preventive Care)*	First 3 annually at 90% Deductible Waived	First 3 annually at 80% Deductible Waived	First 3 annually at 70% Deductible Waived	First 3 annually at 60% Deductible Waived	After deductible 100% of eligible charges	After deductible 90% of eligible charges		
<b>Preventive Care Benefit</b>	100% Deductible Waived	80% Deductible Waived	100% Deductible Waived	60% Deductible Waived	100% Deductible Waived	90% Deductible Waived		
<b>Newborn Routine Nursery Care</b>	90% of eligible charges Deductible Waived	80% of eligible charges Deductible Waived	70% of eligible charges Deductible Waived	60% of eligible charges Deductible Waived	100% of eligible charges Deductible Waived	90% of eligible charges Deductible Waived		

\* Preventive Benefits include and are not limited to: Routine Mammograms and PSA Test, routine Sigmoidoscopy/Colonoscopy Limited based on the American Cancer Guidelines; and, Immunizations for children between 0-19; deductible satisfaction not required. Preventive Benefits also includes a Wellness Benefit which covers your routine physical exams, labs, test, and immunizations

Pre-certification Requirements: Benefits are subject to a penalty of \$200 per occurrence for in-patient hospital admissions, except for vaginal and caesarian deliveries, and certain out-patient procedures. There is a separate non-compliance penalty for organ transplants.

This chart is a brief explanation of this plan and is not a contract. Individuals who become covered under the program will receive a Certificate of Insurance defining their coverage. In the event of any conflict or inconsistency between the benefits described in this chart and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all respects.