

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		
Coinsurance Percentage	After deductible PBT pays 90% of next \$5,000 of eligible charges, then 100%	After deductible PBT pays 80% of next \$5,000 of eligible charges, then 100%	After deductible PBT pays 70% of next \$12,500 of eligible charges, then 100%	After deductible PBT pays 60% of next \$12,500 of eligible charges, then 100%	After deductible PBT pays 100% of eligible charges	After deductible PBT pays 90% of next \$10,000 of eligible charges, then 100%		
Your Annual Out-of-Pocket Maximum	\$500 plus deductible	\$1,000 plus deductible	\$3,750 plus deductible	\$5,000 plus deductible	Deductible amount	\$1,000 plus deductible		
Physician Office Visits*	First 3 annually at 90% (not subject to deductible)	First 3 annually at 80% (not subject to deductible)	First 3 annually at 70% (not subject to deductible)	First 3 annually at 60% (not subject to deductible)	Subject to deductible	Subject to deductible and Co-insurance		
Preventive Care Benefit	90% (not subject to deductible)	80% (not subject to deductible) Maximum annual benefit \$500	70% (not subject to deductible)	60% (not subject to deductible) Maximum annual benefit \$500	100% (not subject to deductible)	90% (not subject to deductible) Maximum annual benefit \$500		
Newborn Routine Nursery Care	90% up to \$1,200 maximum (not subject to deductible)	80% up to \$800 maximum (not subject to deductible) Maximum annual combined benefit is \$1,200	70% up to \$1,200 maximum (not subject to deductible)	60% up to \$800 maximum (not subject to deductible) Maximum annual combined benefit is \$1,200	100% up to \$1,200 maximum (not subject to deductible)	90% up to \$800 maximum (not subject to deductible) Maximum annual combined benefit is \$1,200		
Managed Care Requirements	None, except for organ transplants							

* In-and-Out-Network: thereafter, deductible and coinsurance applies.
No pre-certification or second opinion requirements except 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.