

PBT Preferred Provider Options Plans

Choice of Deductibles	ALL PLANS					
	\$150,	\$300,	\$500,	\$750,	\$1,000,	\$2,000,
	Option A		Option B		Option C	
	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 80% of next \$5,000 of eligible charges, then 100%	After deductible PBT pays 60% of next \$5,000 of eligible charges, then 100%	After deductible PBT pays 80% of next \$25,000 of eligible charges, then 100%	After deductible PBT pays 60% of next \$25,000 of eligible charges, then 100%	After deductible PBT pays 80% of next \$5,000 of eligible charges, then 100%	After deductible PBT pays 60% of next \$12,500 of eligible charges, then 100%
Your Annual Out-of-Pocket Maximum	\$1,000 plus deductible	\$2,000 plus deductible	\$5,000 plus deductible	\$10,000 plus deductible	\$1,000 plus deductible	\$5,000 plus deductible
Physician Office Visits	\$20 co-pay then 100%	Subject to deductible and coinsurance	\$20 co-pay then 100%	Subject to deductible and coinsurance	\$20 co-pay then 100%	Subject to deductible and coinsurance
Preventive Care Benefit	80% (not subject to deductible)	60% (subject to deductible) Maximum annual benefit \$500	80% (not subject to deductible)	60% (subject to deductible) Maximum annual benefit \$500	80% (not subject to deductible)	60% (subject to deductible) Maximum annual benefit \$500
Newborn Routine Nursery Care	80% up to \$1,200 maximum (not subject to deductible)	60% up to \$800 maximum (subject to deductible) Maximum annual combined benefit is \$1,200	80% up to \$1,200 maximum (not subject to deductible)	60% up to \$800 maximum (subject to deductible) Maximum annual combined benefit is \$1,200	80% up to \$1,200 maximum (not subject to deductible)	60% up to \$800 maximum (subject to deductible) Maximum annual combined benefit is \$1,200
Emergency Room	For all plans: \$100 co-pay, then 100%					
Managed Care Requirements	None, except for organ transplants					

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.