



## Limited Medical Plan Designs with



	Value Plan Healthlink PPO	Basic Plan Healthlink PPO	Traditional Plan Healthlink PPO	Enhanced Plan Healthlink PPO
<b>Core Benefit Per Accident or Sickness</b>	Per Occurrence	Per Occurrence	Per Occurrence	Per Occurrence
In-Network	\$1,500	\$2,500	\$3,500	\$5,000
Out-of-Network	\$1,500	\$2,500	\$3,500	\$5,000
<b>Coinsurance Percentage</b>				
In-Network	50%	60%	70%	80%
Out-of-Network	50%	50%	60%	70%
<b>Deductible Per Accident or Sickness</b>				
In-Network	\$200	\$200	\$150	\$150
Out-of-Network	\$250	\$200	\$150	\$150
<b>Office Visit (with \$100 Annual Wellness)</b>				
In-Network	\$20 Co Pay, \$40 per visit max	\$20 Co Pay, \$50 per visit max	\$15 Co Pay, \$60 per visit max	\$15 Co Pay, \$60 per visit max
Out-of-Network	\$30 Co Pay, \$40 per visit max	\$30 Co Pay, \$50 per visit max	\$25 Co Pay, \$60 per visit max	\$25 Co Pay, \$60 per visit max
<b>ER Visit (\$250 Deductible)</b> Waived if admitted				
In-Network	Covered at 50%	Covered at 60%	Covered at 70%	Covered at 80%
Out-of-Network	Covered at 50%	Covered at 60%	Covered at 70%	Covered at 80%
<b>Additional Accident Benefit (\$100 Co Pay)</b>				
In-Network or Out of Network <small>By ChesapeakeLife Insurance Company</small>	\$5000 per occurrence	\$5000 per occurrence	\$5000 per occurrence	\$5000 per occurrence
<b>Hospital Care</b>				
In-Network	Covered at 50%	Covered at 60%	Covered at 70%	Covered at 80%
Out-of-Network	Covered at 50%	Covered at 50%	Covered at 60%	Covered at 70%
<b>Physician Services (including Chiropractic)</b>				
In-Network	Covered at 50%	Covered at 60%	Covered at 70%	Covered at 80%
Out-of-Network	Covered at 50%	Covered at 50%	Covered at 60%	Covered at 70%
<b>Additional In-Patient Benefit (30 Day Max)</b>				
In-Network	\$300/ day	\$400/ day	\$500/ day	\$500/ day
Out-of-Network	\$300/ day	\$400/ day	\$500/ day	\$500/ day
<b>Surgery</b>				
In-Network	Covered at 50%	Covered at 60%	Covered at 70%	Covered at 80%
Out-of-Network	Covered at 50%	Covered at 50%	Covered at 60%	Covered at 70%
<b>Accidental Death Benefit</b>	\$5,000	\$10,000	\$10,000	\$10,000
<b>Other Cover Services</b> <small>(Home Health, Skill Nursing, Hospice, Physical Therapy, Durable Medical Equipment)</small>				
In-Network	Covered at 50%	Covered at 60%	Covered at 70%	Covered at 80%
Out-of-Network	Covered at 50%	Covered at 50%	Covered at 60%	Covered at 70%
<b>Lab/X-Ray/ Diagnostic Care</b>				
In-Network	50%, up to \$500 per occurrence	60%, up to \$750 per occurrence	70%, up to \$1000 per occurrence	80%, up to \$1000 per occurrence
Out-of-Network	50%, up to \$500 per occurrence	50%, up to \$750 per occurrence	60%, up to \$1000 per occurrence	70%, up to \$1000 per occurrence
<b>Prescription Drug Coverage</b>	\$5 Generic, \$20 Oral Contraceptives, Discount on Brand Names	\$5 Generic, \$20 Oral Contraceptives, Discount on Brand Names	\$5 Generic, \$20 Oral Contraceptives, Discount on Brand Names	\$5 Generic, \$20 Oral Contraceptives, Discount on Brand Names
	<b>Weekly Rates</b>	<b>Weekly Rates</b>	<b>Weekly Rates</b>	<b>Weekly Rates</b>
EE	\$24.91	\$27.30	\$36.34	\$43.77
EE +1	\$47.48	\$52.80	\$71.39	\$86.00
Family	\$68.61	\$76.85	\$96.24	\$126.25