



## Gravie Comfort Plan \$7,900 OOPM (Aetna Network)

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$7,900 single \$15,800 family	\$10,000 single \$20,000 family
Coinsurance (after the deductible)	100%	Deductible + 50%
Out-of-Pocket Maximum (total of deductible and coinsurance)	\$7,900 single \$15,800 family	No Limit
Lifetime Maximum (per person)	Unlimited	
Hospital	No Cost after OOPM	Deductible + 50%
Physician Office Visits	<b>\$0</b>	Deductible + 50%
Specialist Office Visits	<b>\$0</b>	Deductible + 50%
<b>Preventive Care</b> Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits:  Covered at <b>100%</b> no co-pay or Deductible	Deductible + 50%
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	<b>Tier 1= \$0</b> Tier 2 = \$75 retail Tier 3 -6 = No Cost After OOPM *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	No Cost after OOPM	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine-- Outpatient	<ul style="list-style-type: none"> <li>Diagnostic test/imaging associated with an office/clinic visit: <b>\$0</b></li> <li>Dialysis, chemotherapy, and radiation: No cost after OOPM</li> </ul>	Deductible + 50%
Emergency services Outpatient	\$250 co-pay	\$250 co-pay
Urgent Care Center Services	<b>\$0</b>	Deductible + 50%
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	<ul style="list-style-type: none"> <li>Inpatient: No Cost After OOPM</li> <li>Outpatient: No Cost office visit; Other No Cost after OOPM</li> </ul>	Deductible + 50%
Online Care through MDLive	<b>\$0</b>	N/A

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.



## Gravie Comfort Plan \$5,000 OOPM (Aetna Network)

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$5,000 single \$10,000 family	\$10,000 single \$20,000 family
Coinsurance ( <i>after the deductible</i> )	100%	Deductible + 50%
Out-of-Pocket Maximum ( <i>total of deductible and coinsurance</i> )	\$5,000 single \$10,000 family	No Limit
Lifetime Maximum ( <i>per person</i> )	Unlimited	
Hospital	No Cost after OOPM	Deductible + 50%
Physician Office Visits	<b>\$0</b>	Deductible + 50%
Specialist Office Visits	<b>\$0</b>	Deductible + 50%
<b>Preventive Care</b> Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits:  Covered at <b>100%</b> no co-pay or Deductible	Deductible + 50%
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	<b>Tier 1= \$0</b> Tier 2 = \$75 retail Tier 3 -6 = No Cost After OOPM  *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	No Cost after OOPM	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine-- Outpatient	<ul style="list-style-type: none"> <li>Diagnostic test/imaging associated with an office/clinic visit: <b>\$0</b></li> <li>Dialysis, chemotherapy, and radiation: No cost after OOPM</li> </ul>	Deductible + 50%
Emergency services Outpatient	\$250 co-pay	\$250 co-pay
Urgent Care Center Services	<b>\$0</b>	Deductible + 50%
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	<ul style="list-style-type: none"> <li>Inpatient: No Cost After OOPM</li> <li>Outpatient: No Cost office visit; Other No Cost after OOPM</li> </ul>	Deductible + 50%
Online Care through MDLive	<b>\$0</b>	N/A

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## Gravie Comfort Plan \$3,000 OOPM (Aetna Network)

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$3,000 single \$6,000 family	\$10,000 single \$20,000 family
Coinsurance ( <i>after the deductible</i> )	100%	Deductible + 50%
Out-of-Pocket Maximum ( <i>total of deductible and coinsurance</i> )	\$3,000 single \$6,000 family	No Limit
Lifetime Maximum ( <i>per person</i> )	Unlimited	
Hospital	No Cost after OOPM	Deductible + 50%
Physician Office Visits	<b>\$0</b>	Deductible + 50%
Specialist Office Visits	<b>\$0</b>	Deductible + 50%
<b>Preventive Care</b> Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits:  Covered at <b>100%</b> no co-pay or Deductible	Deductible + 50%
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	<b>Tier 1= \$0</b> Tier 2 = \$75 retail Tier 3- 6 = No Cost After OOPM  *Mail Order up to a 90 day supply	N/A
Outpatient Surgery	No Cost after OOPM	Deductible + 50%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine-- Outpatient	<ul style="list-style-type: none"> <li>Diagnostic test/imaging associated with an office/clinic visit: <b>\$0</b></li> <li>Dialysis, chemotherapy, and radiation: No cost after OOPM</li> </ul>	Deductible + 50%
Emergency services Outpatient	\$250 co-pay	\$250 co-pay
Urgent Care Center Services	<b>\$0</b>	Deductible + 50%
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	<ul style="list-style-type: none"> <li>Inpatient: No Cost After OOPM</li> <li>Outpatient: No Cost office visit; Other No Cost after OOPM</li> </ul>	Deductible + 50%
Online Care through MDLive	<b>\$0</b>	N/A

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