Plan Name	Local PPO	NPPO
Calendar Year Deductible	$400	$400
Annual Out of Pocket	$3,400 - Combined In and Out of Network	$3,500
Office Services		
PCP Office Visit	$25 copay	$10 copay
Specialist Office visit	$50 copay	$30 copay
Preventive Care Services	$0	$0
Medicare-covered Specialists		
Chiropractic Visit	20%	$20 copay
Podiatry Visit	$50 copay	$30 copay
Eye Exam	$50 copay	$30 copay
Hospital / Facility Services		
In-Patient Hospital Care	$200 copayment per day (days 1-5)	$250 copayment per day (days 1-5)
Skilled Nursing Facility Care (100 day max)	$0 (days 1-20); 20% per day (days 21-100); Plan pays $0 after 100 days	$0 (days 1-20); $75 copay per day (days 21-100); Plan pays $0 after 100 days
In-Patient Mental Health	$200 copayment per day (days 1-5). 190 days lifetime limit in a psychiatric facility	$250 copayment per day (days 1-5). 190 days lifetime limit in a psychiatric facility
Outpatient Services		
Out-Patient Hospital / Surgical Facility	20%	10%
Physical/Speech/Occupational Therapy	20%	$30 copay
Clinical Lab / Outpatient X-Ray	10%	$20 copay
Ambulance Services	$150 copay per date of service	$100 copay per date of service
Emergency Care (waived if admitted)	$65 copay	$50 copay
Urgent Care	$50 copay	$35 copay
Pharmacy		
Annual Deductible	N/A	N/A
Catastrophic Limit	$2,100	$2,100
Generic [Preferred / Non-Preferred]	$10	$15
Brand Name [Preferred / Non-Preferred]	$20 / $45	$25 / $45
Specialty [high cost / unique]	$95	25%
Medicare Part B	$0	$0
Mail Order - 90 day supply	2 x copay	2 x copay
Additional Services		
Hearing Services	$500 allowance / 36 months + Annual Exam	$500 allowance / 36 months + Annual Exam
Eyewear / Contact lenses	$100 eyewear allowance + Annual Exam	$100 eyewear allowance + Annual Exam
Healthcare Agency - home care visits	$0	$0
Durable Medical Equipment	20%	20%
Diabetic/ Medical Supplies	20%	20%
2026 Premium	$154.43	$123.96