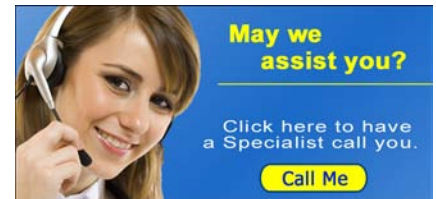


PLAN FINDER

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for instant online quotes 

I WANT LOWER MONTHLY RATES AND A FIXED COPAYMENT for preventive care services. I'm willing to have a deductible and pay for most services when I actually need them.

DEDUCTIBLE PLANS



Lower monthly rate
Higher out-of-pocket costs

Moderate monthly rate
Moderate out-of-pocket costs

Higher monthly rate
Moderate out-of-pocket costs

\$1,500 Deductible Plan

- Annual out-of-pocket maximum: \$3,500/individual or \$7,000/family
- Medical calendar-year deductible: \$1,500/individual or \$3,000/family
- Preventive care office visit:¹ \$30 per visit
- Nonpreventive office visit: \$30 per visit
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: \$500 per day after deductible
- Emergency services: \$150 per visit after deductible
- Prescription drugs:
 - \$10 generic
 - \$35 brand

New! **\$1,000** Deductible Plan

- Annual out-of-pocket maximum: \$1,500/individual or \$3,000/family
- Medical calendar-year deductible: \$1,000/individual or \$2,000/family
- Preventive care office visit:¹ \$25 per visit
- Nonpreventive office visit: \$25 per visit
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: \$250 per day after deductible
- Emergency services: \$100 per visit after deductible
- Prescription drugs:
 - \$10 generic
 - \$35 brand

\$500 Deductible Plan

- Annual out-of-pocket maximum: \$2,500/individual or \$5,000/family
- Medical calendar-year deductible: \$500/individual or \$1,000/family
- Preventive care office visit:¹ \$20 per visit
- Nonpreventive office visit: \$20 per visit
- Most lab and X-rays: \$10 per encounter after deductible
- Hospital care: \$100 per day after deductible
- Emergency services: \$100 per visit after deductible
- Prescription drugs:
 - \$10 generic
 - \$35 brand

¹Preventive care office visits are not subject to the deductible. Preventive care services include well-child visits from 0 to 23 months, scheduled prenatal care, and vaccines (immunizations).