WSSD Comparison for Health Plans for Non-Union Groups effective 7/1/17

In-Network Coverage	*IBC Personal Choice C3-F2-O2 (core plan)*	IBC Personal Choice 20/30/70 (buy-up)	IBC Personal Choice C2-F1-01 (buy-up)
Deductible	None	None	None
Coinsurance	N/A	N/A	N/A
Out of Pocket Maximum	$2,000 Individual/ $4,000 Family	$1,500 Individual/ $3,000 Family	$1,000 Individual/ $2,000 Family
Office Visits	$20 Copay	$20 Copay	$15 Copay
Specialist Visits	$40 Copay	$30 Copay	$30 Copay
Preventive Care	100% (No Copay)	100% (No Copay)	100% (No Copay)
Hospital Inpatient	$100/day Max 5 Copays/Admission	$150/day Max 5 Copays/Admission	$0 (No Copay)
Emergency Room	$100 Copay (Not Waived if Admitted)	$40 Copay (Waived if Admitted)	$100 Copay (Not Waived if Admitted)
Laboratory	100% (No Copay)	100% (No Copay)	100% (No Copay)
Outpatient Radiology	Routine/Diagnostic $40 Copay, MRI/CT/PET $80 Copay	$30 Copay	Routine/Diagnostic $30 Copay, MRI/CT/PET $60 Copay
Outpatient Surgery	$50 Copay	$150 Copay	100% (No Copay)
Maternity	First OB Visit $20 Copay Hospital $100/Day, Max 5 Copays/Admission	First OB Visit $20 Copay Hospital $150/Day, Max 5 Copays/Admission	First OB Visit $15 Copay Hospital 100% (IBC)
Physical/Occupational & Speech Therapy	$40 Copay PT/OT 30 Visits/Year; Speech 20 Visits/Year	$20 [Visits 1-30] $30 [Visits 31-60] 60 Visits/Year	$30 Copay PT/OT 30 Visits/Year; Speech 20 Visits/Year
Spinal Manipulation	$40 Copay 20 Visits/Year	$30 Copay 30 Visits/Year	$30 Copay 20 Visits/Year
Injectable Medications (Administered by a physician in a doctor's office)	Standard Injectables 100%, Biotech/Specialty Injectables $100 Copay	100% (IBC)	Standard Injectables 100%, Biotech/Specialty Injectables $75 Copay
Psychiatric Outpatient Visits	$40 Copay	$30 Copay	$30 Copay
Private Duty Nursing (outpatient)	90% (IBC) 360 Hours/Year	100% (No Copay) 360 Hours/Year	90% (IBC) 360 Hours/Year
Skilled Nursing Facility	$50/day Max 5 Copays/Admission ($250) 120 Days/Year	100% (No Copay) 120 Days/Year	100% (No Copay) 120 Days/Year
Hospice and Home Health Care	100% (No Copay)	100% (No Copay)	100% (No Copay)
Durable Medical Equipment	70% (IBC)	$30 Copay	70% (IBC)
Referrals	None	None	None
OUT-OF-NETWORK COVERAGE			
Deductible	$1,500 Individual/ $4,500 Family	$500 Individual/ $1,000 Family	$500 Individual/ $1,500 Family
Coinsurance	50%	70%	70%
Out of Pocket Maximum	$10,000 Individual/ $30,000 Family	$3,000 Individual/ $6,000 Family	$3,000 Individual/ $9,000 Family