

# PPO Plan Design Highlights

Benefit	In-Network	Out-of-Network
Deductible: Individual/Family	\$250/\$500	\$750/\$1,500
Standard Coinsurance %	80%	60%
Out-of-Pocket Max: Individual/Family	\$2,000/\$6,000	\$4,000/\$12,000
Preventive Care Copay	\$20	In-Network Only
Primary Care Copay	\$20	60%
Specialist Copay	\$30	60%
Urgent Care Copay	\$50	\$100
Emergency Room Copay	\$100	\$100
<ul style="list-style-type: none"> <li>• No PCP Required</li> <li>• No Referrals Required</li> <li>• National Provider Network (Preferred Provider Organization)</li> <li>• Not Confined to a Service Area</li> </ul>		