EXCEL HEALTH PLANS

Gold Health Plans

PPO Network	Network With Disappearing Deductible					
	Gold 1000		Gold 3000 HDHP		Gold 3000	
Coverage	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
$0 Dollar Deductible options may be available for Outpatient Surgery Imaging Labs. Call Concierge for Options	100%		100%		100%	
Minimum Value Plan Benefits	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
Deductible ! Individual/Family	$1,000 / $4,000	$6,500 / $19,500	$3,000 / $9,000	$6,500 / $19,500	$3,000 / $9,000	$6,500 / $19,500
Out-of-Pocket Maximum ! Individual/Family	$4,000 / $9,000	None	$3,000 / $9,000	None	$3,000 / $9,000	None
Coinsurance after deductible	80%	50%	100%	50%	100%	50%
Primary / Specialist / Urgent Care	$10 / $55 / $55	50%	100%	50%	$10 / $55 / $55	50%
In-Patient Hospitalization	80%	50%	100%	50%	100%	50%
Out-Patient Surgery	80%	50%	100%	50%	100%	50%
X-Ray / Lab	80%	50%	100%	50%	100%	50%
Emergency Room	80%	50%	100%	50%	100%	50%
Generic Prescription Drugs	$1	Not Covered	100%	Not Covered	$1	Not Covered
Preferred Brand Drugs	$35	Not Covered	Covered at 100%	Not Covered	$35	Not Covered
Non-Preferred Brand Drugs	$75	Not Covered	Covered at 100%	Not Covered	$75	Not Covered
Specialty Drugs	$200	Not Covered	Covered at 100%	Not Covered	$200	Not Covered

	Gold 1000			Gold 3000 HDHP			Gold 3000		
	# of Enrollees	**Rates**	**Total**	**# of Enrollees**	**Rates**	**Total**	**# of Enrollees**	**Rates**	**Total**
Employee									
Employee + Spouse									
Employee + Child(ren)									
Family									
Monthly Total									
Annual Total									