SUMMIT HEALTH PLANS

Side-by-Side Plan Comparison • Medical Benefits Snapshot • Rates shown are monthly

PLAN	VALUE PPO	ULTIMATE EPO	ULTIMATE PPO
Network	PHCS PPO	Cigna EPO	Cigna PPO
Deductible *(Ind/Fam)*	$0 / $0	$0 / $0	$0 / $0
Max Out-of-Pocket *(Ind/Fam)*	$4,000 / $8,000	$3,500 / $7,000	$0 / $0
Coinsurance	40%	30%	0%
Preventive Care	$0	$0	$0
Primary Care	$50	$40	$0
Specialist	$75	$60	$0
Urgent Care	$75	$75	$0
Labs / X-Ray / Imaging	$50 basic lab • 40% (limits apply)	30%	$0
Emergency Room	$500 + 40% (2/year)	$500 + 30%	$0
Hospital / Outpatient Facility	40% (limits apply)	30%	$0
RX *(Generic / Brand / NP / Spec)*	Discount card only	$0 / $35 / $75 / $200	$0 / $35 / $75 / $200
PREMIUMS *(Monthly)*	**VALUE PPO**	**ULTIMATE EPO**	**ULTIMATE PPO**
Member Only	***$482.95***	***$699.95***	***$949.00***
Member + Spouse	***$737.08***	***$1,549.95***	***$1,799.00***
Member + Child(ren)	***$756.01***	***$1,449.95***	***$1,699.00***
Family	***$960.42***	***$2,149.95***	***$2,299.00***

DENTAL (Humana Traditional Plus)	Deductible $50/$150 • Preventive 100% • Basic 80% • Major 50% • Child Ortho 50% ($1,500 lifetime) • Unlimited annual max
VISION (Humana Vision 200)	Exam $0 • Frames $200 allowance • Standard lenses $0 • Contacts $200 allowance • Exam/Lenses every 12 mo • Frames every 24 mo