

PLAN COMPARISON - CATASTROPHIC (PPO PROVIDERS) - NON-SMOKER

| | LifeWise WiseEssentials RX | Asuris Core \$2500 | LifeWise WiseEssentials RX | LifeWise WiseEssentials RX | Asuris Core \$5000 |
|--|---|---|---|---|---|
| Annual Deductible | \$1,850 | \$2,500 | \$2,500 | \$3,500 | \$5,000 |
| Coinsurance Max | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| Out-of-Pocket Max | \$6,750 | \$7,500 | \$7,500 | \$8,500 | \$10,000 |
| Office Visits | <u>Ded. waived on first 6 visits; member pays 25%</u> | \$35 copay on 1st 4 visits; deductible and then 20% | <u>Ded. waived on first 6 visits; member pays 25%</u> | <u>Ded. waived on first 6 visits; member pays 25%</u> | \$35 copay on 1st 4 visits; deductible and then 20% |
| Mental Health/Outpatient | Deductible waived; member pays 25% (6 visits PCY) | 20% (12 Visits PCY) | Deductible waived; member pays 25% (6 visits PCY) | Deductible waived; member pays 25% (6 visits PCY) | 20% (12 Visits PCY) |
| Preventive Visits | Shared with 6 office visits | \$200 Benefit | Shared with 6 office visits | Shared with 6 office visits | \$200 Benefit |
| Immunizations | Not covered | Included in Preventive Benefit | Not covered | Not covered | Included in Preventive Benefit |
| Preventive Screenings | Covered in full | Deductible waived, prostate screening only | Covered in full | Covered in full | Not Subject to deductible, prostate screening only |
| Pharmacy | Generic Only: \$15 Copay, \$3,000 Maxmum benefit | RX Discount drug program | Generic Only: \$15 Copay, \$3,000 Maxmum benefit | Generic Only: \$15 Copay, \$3,000 Maxmum benefit | RX Discount drug program |
| Mammogram | Ded. waived; member pays 25% | Ded. waived; member pays 20% | Ded. waived; member pays 25% | Ded. waived; member pays 25% | Ded. waived; member pays 20% |
| Outpatient Diagnostic Lab & X-ray | Ded. waived; member pays 25% | \$400 benefit, then deductible | Deductible: member pays 25% | Deductible: member pays 25% | \$400 benefit, then deductible |
| Maternity | Not covered | Not Covered | Not covered | Not covered | Not Covered |
| Ambulance | Air: No benefit max Ground: \$5000 PCY | Ground only \$2,000 PCY | Air: No benefit max Ground: \$5000 PCY | Air: No benefit max Ground: \$5000 PCY | Ground only: \$2,000 PCY |
| 24 hour coverage | All members | Subscriber only | All members | All Members | Subscriber only |
| Non Smoker Rates | \$1,850 (25%) | \$2,500 (20%) | \$2,500 (25%) | \$3,500 (25%) | \$5,000 (20%) |
| <25 | \$109 | \$83 | \$93 | \$83 | \$69 |
| 25-29 | \$124 | \$92 | \$105 | \$95 | \$76 |
| 30-34 | \$142 | \$109 | \$121 | \$109 | \$90 |
| 35-39 | \$179 | \$129 | \$145 | \$130 | \$107 |
| 40-44 | \$199 | \$152 | \$170 | \$153 | \$126 |
| 45-49 | \$251 | \$184 | \$214 | \$192 | \$153 |
| 50-54 | \$307 | \$219 | \$262 | \$235 | \$182 |
| 55-59 | \$357 | \$257 | \$305 | \$274 | \$214 |
| 60-64 | \$407 | \$303 | \$347 | \$311 | \$252 |
| 65+ | \$407 | \$303 | \$347 | \$311 | \$252 |
| Per Child | \$92 | \$74 | \$78 | \$70 | \$52 |