ACP (Philadelphia)
Group Health Comparison

	Personal Choice				High Deductible Health Plan			
	In-Network		**Out-of-Network[1,2]**		**In-Network**		**Out-of-Network[1,2]**	
Annual Deductible	$0		Individual $500	Family $1,500	Individual $1,500	Family $3,000	Individual $5,000	Family $10,000
Annual Out-of-Pocket Limit	Individual $6,350	Family $12,700	Individual $7,350	Family $14,700	Individual $5,600	Family $11,200	Individual $10,000	Family $20,000
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited		Unlimited	
General Office Visit Specialist Visit	$20 per visit $40 per visit		Plan pays 70% after deductible Plan pays 70% after deductible		100%, after deductible 100%, after deductible		50%, after deductible 50%, after deductible	
Hospitalization	$150 per inpatient day/ $750 maximum per admission[3]		Plan pays 70% after deductible[4]		Inpatient Hospital Services 100%, after deductible Inpatient Hospital Days Unlimited		Inpatient Hospital Services 50%, after deductible[4] Inpatient Hospital Days 70[4]	
Out-Patient Surgery Copay	$75		Plan pays 70% after deductible		100%, after deductible		50%, after deductible	
Out-Patient Laboratory Copay	Covered 100%		Plan pays 70% after deductible		100%, after deductible		50%, after deductible	
Out-Patient Routine Radiology/Diagnostic MRI/MRA, CT/CTA Scan, PET Scan	$40 $80		Plan pays 70% after deductible Plan pays 70% after deductible		100%, after deductible 100%, after deductible		50%, after deductible 50%, after deductible	
Physical, Speech & Occupational Therapy *Check booklet for allowable visits.*	$40		Plan pays 70% after deductible		100%, after deductible		50%, after deductible	
Emergency Care	$100 copay (not waived if admitted)				100%, after deductible		100% after in-network deductible	
Prescription Drugs	$10 Generic $45 Brand $75 Non-Formulary		Plan pays 50% (no deductible)		$5 Generic, after deductible $20 Brand, after deductible $45 Non-Formulary, after deductible		50%, after deductible 50%, after deductible 50%, after deductible	
Wellness	Fitness club reimbursement, smoking cessation, weight management, Baby Blueprints prenatal program		N/A		Fitness club reimbursement, smoking cessation, weight management, Baby Blueprints prenatal program			

1) Benefits are subject to Blue Cross/Blue Shield participating provider reimbursement amounts. You may be responsible for any balance remaining.
2) You must comply with pre-certification requirements in order to receive full plan benefits (see page 6). Failure to comply will result in certain penalties.
3) Copayment waived if readmitted within 90 days of discharge.
4) Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.

ACP (Philadelphia)
Group Health Comparison

	Personal Choice (PPO)		High Deductible Health Plan	
	In-Network	**Out-of-Network[1,2]**	**In-Network**	**Out-of-Network[1]**
Preventive	Routine check-ups, diagnostic screenings, immunizations		Routine check-ups, diagnostic screenings, immunizations	
	Plan pays 100%	Plan pays 70% no deductible	Plan pays 100%	50%, no deductible
Mental Health Care Outpatient	$40 Copay. Out-of-Network, plan pays 70% after deductible.		100%, after deductible. Out-of-Network - plan pays 50% after deductible.	
Inpatient	$150 per inpatient day/$750 maximum per admission[3]. Out-of-Network, plan pays 70% after deductible.		100%, after deductible. Out-of-Network – plan pays 50% after deductible[4].	

1) Benefits are subject to Blue Cross/Blue Shield participating provider reimbursement amounts. You may be responsible for any balance remaining.
2) You must comply with pre-certification requirements in order to receive full plan benefits (see page 6). Failure to comply will result in certain penalties.
3) Copayment waived if readmitted within 90 days of discharge.
4) Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.

NOTE: This is a summary of benefits. Refer to the benefits booklet for a complete description of covered services, limitations and exclusions.