

# Comparison of C1, C2, C3, C4 Small Groups

Overview	C1	C2	C3	C4
Calendar year deductible — individual/family	\$1,500/\$4,500	\$2,500/\$7,500	\$500/\$1,500	\$1,500/\$4,500
Coinsurance	50%	50%	50%	50%
Out-of-pocket maximum — individual/family	\$10,000/\$20,000	\$10,000/\$20,000	\$6,000/\$12,000	\$8,000/\$16,000
Lifetime maximum — medical	None	None	None	None
<b>Health and Wellness</b>				
Gym Membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	\$0	\$0	\$0
<b>Office visits</b>				
Chiropractor (20 visits max. per calendar year)	\$25	\$35	\$25	\$40
Primary care physician (PCP)	\$25	\$35	\$25	\$40
Podiatrist	\$25	\$35	\$25	\$40
Maternity	50%	50%	\$50	\$60
Ultrasound	50%	50%	50%	50%
Delivery	50%	50%	\$1,500/admission	\$1,500/admission
All other specialists (including consultations and second opinions)	50%	50%	\$50	\$60
<b>Outpatient services</b>				
Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)	50%	50%	50%	50%
Allergy shots	50%	50%	50%	50%
Emergency room services	50%	50%	50%	50%
Lab tests, routine (all outpatient locations)	50%	50%	50%	50%
Outpatient surgery (includes colonoscopy and endoscopy)	50%	50%	50%	50%
Preventive care (see certificate of coverage for details)	\$0	\$0	\$0	\$0
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	50%	50%	50%	50%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	50%	50%	50%	50%
Renal dialysis	50%	50%	50%	50%
Specialty therapies (chemo, radiation, drug infusion, IV therapy)	50%	50%	50%	50%
Vasectomy (physician office setting)	50%	50%	50%	50%
All other medically necessary outpatient services	50%	50%	50%	50%
<b>Inpatient services (Some services may require authorization)</b>				
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	50%	50%	50%	50%
Hospital admission, medical (includes all services)	50%	50%	\$1,500/admission	\$1,500/admission
Hospital admission, mental health, full and partial (30 days max. per calendar year)	50%	50%	50%	50%
Ambulance	50%	50%	50%	50%
<b>Other services (Some services may require authorization)</b>				
Durable medical equipment & external prosthetic devices (\$2,500 max. per calendar year, limit does not apply to diabetic supplies)	50%	50%	50%	50%
Home health care (60 visits max. per calendar year)	50%	50%	50%	50%
Hospice (180 days maximum per calendar year)	50%	50%	50%	50%
Hyperbaric oxygen therapy (per treatment)	50%	50%	50%	50%
Pain management (per treatment day)	50%	50%	50%	50%
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	50%	50%	50%	50%
Skilled nursing facility (120 days max. per calendar year)	50%	50%	50%	50%
Urgent care — in service area (must use participating provider)	\$35	\$45	\$35	\$35
Urgent care — out of service area	\$55	\$55	\$55	\$55