



Comparison of Value Choice 5, 6, 7, 8

Large Group

Overview	VC 5		VC 6		VC 7		VC 8	
	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Calendar year deductible — individual/family	None	\$500/\$1,000	None	\$1,000/\$2,000	None	\$1,500/\$3,000	None	\$2,000/\$4,000
Coinsurance	20%	40%	25%	40%	30%	50%	35%	50%
Out-of-pocket maximum — individual/family	\$2,000/ \$4,000	\$4,000/ \$8,000	\$2,500/ \$5,000	\$6,000/ \$12,000	\$3,000/ \$6,000	\$6,000/ \$12,000	\$5,000/ \$10,000	\$10,000/ \$20,000
Lifetime maximum	None		None		None		None	
Health and Wellness								
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Office visits								
Chiropractor (20 visits max. per calendar year)	\$15	40%	\$20	40%	\$25	50%	\$30	50%
Primary care physician (PCP)	\$15	40%	\$20	40%	\$25	50%	\$30	50%
Podiatrist	\$15	40%	\$20	40%	\$25	50%	\$30	50%
Maternity	20%	40%	25%	40%	30%	50%	35%	50%
Ultrasound	20%	40%	25%	40%	30%	50%	35%	50%
Delivery	20%	40%	25%	40%	30%	50%	35%	50%
All other specialists (including consultations and second opinions)	\$30	40%	\$40	40%	\$50	50%	\$60	50%
Outpatient services								
Alcohol/substance abuse, mental health treatment	\$20	40%	\$20	40%	\$20	50%	\$20	50%
Allergy shots	\$10	40%	\$10	40%	\$10	50%	\$10	50%
Emergency room services	\$150	\$150	\$200	\$200	\$250	\$250	\$300	\$300
Lab tests, routine (all outpatient locations)	20%	40%	25%	40%	30%	50%	35%	50%
Outpatient surgery	20%	40%	25%	40%	30%	50%	35%	50%
Preventive care (see certificate of coverage for details)	\$0	40%	\$0	40%	\$0	50%	\$0	50%
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	40%	25%	40%	30%	50%	35%	50%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	20%	40%	25%	40%	30%	50%	35%	50%
Renal dialysis	20%	40%	25%	40%	30%	50%	35%	50%
Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)	20%	40%	25%	40%	30%	50%	35%	50%
Vasectomy (physician office setting)	20%	40%	25%	40%	30%	50%	35%	50%
All other medically necessary outpatient services	20%	40%	25%	40%	30%	50%	35%	50%
Inpatient services (Some services may require authorization)	VC 5		VC 6		VC 7		VC 8	

	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network	
Hospital admission, alcohol/substance abuse (detox and acute care only)	20%	40%	25%	40%	30%	50%	35%	50%	
Hospital admission, medical (includes all services)	20%	40%	25%	40%	30%	50%	35%	50%	
Hospital admission, mental health	20%	40%	25%	40%	30%	50%	35%	50%	
Ambulance	20%	40%	25%	40%	30%	50%	35%	50%	
Other services (Some services may require authorization)									
Durable medical equipment and external prosthetic devices (\$2,500 max. per calendar year, limit does not apply to diabetic supplies)	20%	40%	25%	40%	30%	50%	35%	50%	
Home health care (60 visits max. per calendar year)	20%	40%	25%	40%	30%	50%	35%	50%	
Hospice (180 days maximum per calendar year)	Inpatient	20%	40%	25%	40%	30%	50%	35%	50%
	Outpatient	20%	40%	25%	40%	30%	50%	35%	50%
Hyperbaric oxygen therapy (per treatment)	20%	40%	25%	40%	30%	50%	35%	50%	
Pain management (per treatment day)	20%	40%	25%	40%	30%	50%	35%	50%	
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	20%	40%	25%	40%	30%	50%	35%	50%	
Skilled nursing facility (120 days max. per calendar year)	20%	40%	25%	40%	30%	50%	35%	50%	
Urgent care — in service area (must use participating provider)	\$15	\$40	\$20	\$40	\$25	\$50	\$30	\$60	

**Includes in-network and out-of-network combined*