

Individual/Family	\$4,000/\$8,000	\$4,000/\$10,000	\$10,500/\$25,500	\$4,000/\$8,000	\$10,500/\$21,000
Co-pays/Co-insurance					
Primary Care Physician Visits	\$25 copay/visit	\$25 copay/visit	40% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	\$50 copay/visit	\$50 copay/visit			
Preventive Care	No cost to you	No cost to you		No cost to you	