Health Plan Comparison

Benefit	LCHP		LCDHP		HMO	OAP Tier I (in-network)	OAP Tier II (in-network)	OAP Tier III (out-of--network)
Patient Responsibilities								
Annual Out-of-Pocket Maximum	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**				
Per Enrollee	$1,500	$4,500	$3,000	$6,000	$3,000 per enrollee	Not applicable	$1,000 per enrollee	$2,000 per enrollee
Per Family	$3,000	$9,000	$6,000	$12,000	$6,000 per family/plan year		$2,500 per family/plan year	$5,000 per family/plan year
Annual Plan Deductible*								
Per Enrollee	$750 per enrollee		$1,500	$3,000	Not applicable	Not applicable	$300 per enrollee	$500 per enrollee
Per Family	$750 per enrollee		$3,000	$6,000			$300 per enrollee	$500 per enrollee
Plan Benefit Levels Comparison								
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**				
Emergency Room	90% of network charges after $400 per visit	90% of allowable charges after $400 per visit	90% of network charges	70% of allowable charges	$200	$200	$200	$200
Preventive Services including immunizations	100%	60% of allowable charges	100%	No coverage	100%	100%	100%	Covered under Tier I and Tier II only
Inpatient	90% of network charges after $250 per visit	60% of allowable charges after $500 per visit	90% of network charges	70% of allowable charges	$250 copayment	$250 copayment	90% of network charges after $300 copayment	80% of allowable charges after $400 copayment
Outpatient Surgery	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	$200 copayment	$200 copayment	90% of network charges after $200 copayment	80% of allowable charges after $200 copayment
Diagnostic Lab and X-ray					100%	100%	90% of network charges	80% of allowable charges
Durable Medical Equipment					80% of network charges	80% of network charges	80% of network charges	80% of allowable charges
Physician Office Visit					$30 copayment	$30 copayment	90% of network charges	80% of allowable charges

* The annual plan deductible must be met before benefit levels will be applied.

Note: **Network charges** are the amount the plan determines is the appropriate charge for a covered service. **Allowable Charges** are applied to services when a member utilizes an out-of-network provider. Members who use out-of-network providers should contact their health plan administrator for information regarding out-of-network charges before obtaining services.