

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	\$1,750	\$4,750	\$3,000	\$6,000	\$3,000 per enrollee	\$6,250 (Tier I and Tier II combined)		Not applicable
Per Family	\$3,500	\$9,500	\$6,000	\$12,000	\$6,000 per family/plan year	\$12,750 (Tier I and Tier II combined)		Not applicable
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					\$200 copayment	\$200 copayment	90% of network charges after \$200 copayment	80% of allowable charges after \$200 copayment
Diagnostic Lab and X-ray	90% of network charges	60% of allowable charges	90% of network charges	70% of allowable charges	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.