

Health Plan Comparison

Benefit	LCHP	HMO	OAP Tier I	OAP Tier II	OAP Tier III
Plan Year Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	\$1,000,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	\$1,000,000

Patient Responsibilities

Annual Out-of-Pocket Maximum	In-Network: \$1,500 per enrollee \$3,750 per family/plan year Out-of-Network: \$4,500 per enrollee \$9,000 per family/plan year	\$3,000 per enrollee \$6,000 per family/plan year Not applicable	Not applicable Not applicable	\$1,000 per enrollee \$2,500 per family/plan year Not applicable	\$2,000 per enrollee \$5,000 per family/plan year Not applicable
Annual Plan Deductible Must be satisfied for all services	\$500 per enrollee	\$0	\$0	\$300 per enrollee	\$500 per enrollee
Other Deductibles/Co-payments:					
• Emergency Room	\$400	\$200	\$200	90% network charges** after \$200 co-payment	80% of U&C* after \$200 co-payment
• LCHP Network Hospital Admission	\$100	Not applicable	Not applicable	Not applicable	Not applicable
• Out-of-Network Hospital Admission	\$400	No coverage	See Tier III for benefit level	See Tier III for benefit level	80% of U&C* after \$400 co-payment

Plan Benefit Levels Comparison

Physician Office Visit	90% LCHP network 70% of U&C* Out-of-Network	\$20 co-payment	\$20 co-payment	90% of network charges**	80% of U&C*
Preventive Services	100% for specific tests 90% LCHP network 70% of U&C* Out-of-Network	\$20 co-payment	\$20 co-payment	90% of network charges**	Covered under Tier I and Tier II only
Inpatient	90% LCHP network 70% of U&C* Out-of-Network	\$250 co-payment	\$250 co-payment	90% of network charges** after \$300 co-payment	80% of U&C* after \$400 co-payment
Outpatient Surgery	90% LCHP network 70% of U&C* Out-of-Network	\$200 co-payment	\$200 co-payment	90% of network charges** after \$200 co-payment	80% of U&C* after \$200 co-payment
Diagnostic Lab and X-ray	90% LCHP network 70% of U&C* Out-of-Network	100%	100%	90% of network charges**	80% of U&C*
Durable Medical Equipment	90% LCHP network 70% of U&C* Out-of-Network	80% of network charges**	80% of network charges**	80% of network charges**	80% of U&C*

* Usual & Customary (U&C) is an amount determined by the health plan administrator not to exceed the general level of charges being made by providers in the locality where the charge is incurred when furnishing like or similar services, treatment or supplies for a similar medical condition.

**Network charges are the amount the plan determines is the appropriate charge for a covered service.