

## PPO Basic Plan Design Summary

Coverage/ Common Medical Event	PERS Choice	PERSCare	PERS Select (New)
Coinsurance (Plan/Member)	80/20	90/10	80/20
Deductible	Individual \$500 Family \$1000	Individual \$750 Family \$1500	Individual \$1000 Family \$2000
VBID Engagement: 5 Deductible Incentives Everyone Can Meet	N/A		Incentives to reduces deductible to: Individual \$500 Family \$1000
Primary Care <sup>1</sup>	\$20 Copay (no change)		\$10 Copay if PCP enrolled \$35 if not enrolled
Urgent Care	\$35 Copay		
Specialist Visit	\$35 Copay		
Inpatient Maternity (Delivery)	20% Coinsurance (no change)	10% Coinsurance (no change)	Deductible waived if enrolled If not 20% Coinsurance
Mental Health/Behavioral Health/ Substance Abuse Physician Visit	\$20 (no change)		\$10 Copay if PCP enrolled \$35 if not enrolled
Maximum Coinsurance Out Of Pocket	\$3000 (no change)	\$3000	\$3000 (no change)
All other plan design coverage/common medical events	No change		

<sup>1</sup> Primary care includes physicians or other primary care providers practicing in Family Practice, General Medicine, OB/GYN, Internal Medicine, Geriatrics, Pediatrics, Cardiology, Endocrinology, Rheumatology, Pulmonology, and Psychiatry.