

The Basic PPO Plan

- Covers 100% of preventive care services provided in-network (according to age and gender)
- Offers the predictability of copayments for many services
- Allows deductibles, coinsurance and copayments to accumulate toward the out-of-pocket maximum
- Will have the best value when you choose in-network healthcare providers
- Allows you to visit any provider

Basic PPO Plan	In-Network	Out-of-Network
	YOU PAY	YOU PAY
Annual Deductible <i>(Individual/Family)</i>	\$500/\$1,000	\$3,000/\$6,000
Coinsurance	20% Coinsurance	45% R&C ¹
Annual Out-of-Pocket Maximum <i>(Individual/Family)</i>	\$4,000/\$8,000	\$22,500/\$45,000
Preventive Care	\$0	Deductible then 45% Coinsurance
Primary Care Office Visit	\$20 Copay \$0 Copay - SGMG provider	Deductible then 45% Coinsurance
Specialist Office Visit	\$40 copay \$0 copay - SGMG provider	Deductible then 45% Coinsurance
Diagnostic²	\$0	Deductible then 45% Coinsurance
Inpatient Hospital Services	\$250 Copay + Deductible then 20% Coinsurance	Deductible then 45% Coinsurance
Inpatient Surgical Services	Deductible then 20% Coinsurance	Deductible then 45% Coinsurance
Outpatient Hospital Services	\$0	Deductible then 45% Coinsurance
Outpatient Surgical Services	Deductible then 20% Coinsurance	Deductible then 45% Coinsurance
Urgent Care	\$40 Copay	Deductible then 45% Coinsurance
Emergency Room Care <i>(Waived if admitted)</i>	\$250 Copay	
Infertility Testing/Treatment	Deductible then 50% coinsurance, \$10,000 Lifetime Max	Not Covered

¹ You will be responsible for paying any amount in excess of R&C (Reasonable and Customary allowed amount) in addition to the Deductible and Coinsurance.

² Prior authorization is required for all CT, PET and MRI scans.

*The birth of a child at Southwest General (only main campus) is covered at 100%.