

# The High PPO Plan

- Is structured like the Basic PPO Plan but includes different copayments, deductibles and premiums
- 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 copays 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

High PPO Plan	In-Network	Out-of-Network
	YOU PAY	YOU PAY
<b>Annual Deductible</b> <i>(Individual/Family)</i>	\$300/\$600	\$3,000/\$6,000
<b>Coinsurance</b>	15%	45% R&C <sup>1</sup>
<b>Annual Out-of-Pocket Maximum</b> <i>(Individual/Family)</i>	\$3,000/\$6,000	\$22,500/\$45,000
<b>Preventive Care</b>	\$0	Deductible then 45% Coinsurance
<b>Primary Care Office Visit</b>	\$15 Copay \$0 Copay - SGMG provider	Deductible then 45% Coinsurance
<b>Specialist Office Visit</b>	\$30 Copay \$0 Copay - SGMG provider	Deductible then 45% Coinsurance
<b>Diagnostic<sup>2</sup></b>	\$0	Deductible then 45% Coinsurance
<b>Inpatient Hospital Services</b>	Deductible then 15% Coinsurance	Deductible then 45% Coinsurance
<b>Inpatient Surgical Services</b>	Deductible then 15% Coinsurance	Deductible then 45% Coinsurance
<b>Outpatient Hospital Services</b>	\$0	Deductible then 45% Coinsurance
<b>Outpatient Surgical Services</b>	Deductible then 15% Coinsurance	Deductible then 45% Coinsurance
<b>Urgent Care</b>	\$40 Copay	Deductible then 45% Coinsurance
<b>Emergency Room Care</b> <i>(Waived if admitted)</i>	\$250 Copay	
<b>Infertility Testing/Treatment</b>	Deductible then 50% coinsurance, \$10,000 Lifetime Max	Not Covered

<sup>1</sup> 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.

<sup>2</sup> 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%.