

Tavern League Preferred



In Network Benefit	\$750 100/70 (PPO)	\$750 80/60 (PPO)	\$1250 100/70 (PPO)	\$1250 80/60 (PPO)	\$2000 100/70 (PPO)	\$2000 80/60 (PPO)	\$1750 10/70 (HDHP)	\$2500 10/70 (HDHP)	\$3250 10/70 (HDHP)	\$5950 10/70 (HDHP)
Deductible*	\$750 Single / \$2250 Family	\$750 Single / \$2250 Family	\$1250 Single / \$3750 Family	\$1250 Single / \$3750 Family	\$2000 Single / \$6000 Family	\$2000 Single / \$6000 Family	\$1750 Single / \$3500 Family	\$2500 Single / \$5000 Family	\$3250 Single / \$6500 Family	\$5950 Single / \$11,900 Family
Coinsurance	100% In Network / 70% Out of Network	80 % In Network / 60% Out of Network	100% In Network / 70% Out of Network	80 % In Network / 60% Out of Network	100% In Network / 70% Out of Network	80 % In Network / 60% Out of Network	100% In Network / 70% Out of Network	100% In Network / 70% Out of Network	100% In Network / 70% Out of Network	100% In Network / 70% Out of Network
Coinsurance Limit	\$5000 Single / \$15,000 Family	\$5000 Single / \$15,000 Family	\$5000 Single / \$15,000 Family	\$5000 Single / \$15,000 Family	\$5000 Single / \$15,000 Family	\$5000 Single / \$15,000 Family	See OOP Comments	See OOP Comments	See OOP Comments	See OOP Comments
Annual Out of Pocket **	\$750 Single / \$2250 Family	\$1750 Single / \$5250 Family	\$1250 Single / \$3750 Family	\$2250 Single / \$6750 Family	\$2000 Single / \$6000 Family	\$3000 Single / \$9000 Family	\$1750 Single / \$3500 Family	\$2500 Single / \$5000 Family	\$3250 Single / \$6500 Family	\$5950 Single / \$11,900 Family
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Office Visit ***	\$25 Primary / \$50 Specialists	\$25 Primary / \$50 Specialists	\$25 Primary / \$50 Specialists	\$25 Primary / \$50 Specialists	\$25 Primary / \$50 Specialists	\$25 Primary / \$50 Specialists	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Routine Exams	\$25 Primary / \$50 Specialists Unlimited Benefit	\$25 Primary / \$50 Specialists Unlimited Benefit	\$25 Primary / \$50 Specialists Unlimited Benefit	\$25 Primary / \$50 Specialists Unlimited Benefit	\$25 Primary / \$50 Specialists Unlimited Benefit	\$25 Primary / \$50 Specialists Unlimited Benefit	First Dollar Coverage with Unlimited Benefit	First Dollar Coverage with Unlimited Benefit	First Dollar Coverage with Unlimited Benefit	First Dollar Coverage with Unlimited Benefit
Prescription Drug	\$20/40/60	\$20/40/60	\$20/40/60	\$20/40/60	\$20/40/60	\$20/40/60	Deductible, then in-network Coinsurance	Deductible, then in-network Coinsurance	Deductible, then in-network Coinsurance	Deductible, then in-network Coinsurance
Emergency Room	\$150 CoPay	\$150 CoPay	\$150 CoPay	\$150 CoPay	\$150 CoPay	\$150 CoPay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance

- * Out of network deductible is 2x the In Network Benefit on PPO Plans
- ** Out of network OOP is an additional \$1000 Single / \$2000 Family on HDHP Plans.
- *** Out of network benefits for office visit copay are subject to deductible and coinsurance.

This document is intended to be a high level summary of options offered. For a more detailed summary of benefits and exclusions see the plan summary. You can find a detailed description of coverage in the applicable policy. Coverage is subject to all the terms and conditions of the policy and any endorsements.



For more information call Greater Insurance Service at 877-817-4803