

# Gemini Stage Lighting – In- Network

## PPO & EPO MEDICAL BENEFITS AT A GLANCE

	<b>\$1000 Choice POS II Copay</b>	<b>\$2000 OA Aetna Select Copay</b>	<b>\$3000 OA Aetna Select Copay</b>
<b>CALENDAR YEAR DEDUCTIBLE</b>			
Individual Deductible	\$1,000	\$2,000	\$3,000
Family Deductible Maximum	\$2,000	\$4,000	\$6,000
<b>MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON</b>			
Individual Out-of-Pocket limit In-network	\$3,500	\$4,500	\$5,500
Family Out-of-pocket limit in-network	\$7,000	\$9,000	\$11,000
<b>WELLNESS &amp; IMMUNIZATIONS</b>			
Well Child Care, includes immunizations	100%	100%	100%
Well Adult	100%	100%	100%
<b>INPATIENT</b>			
Hospitalization (inpatient)	20% after deductible	Deductible applies	Deductible applies
Inpatient Mental Health/Chemical Dependency	20% after deductible	Deductible applies	Deductible applies
<b>OUTPATIENT</b>			
Physician Office Visit (illness or injury, except surgery)	\$25 co-pay PCP \$50 co-pay SP Office Visit Only	\$25 co-pay PCP \$50 co-pay SP Office Visit Only	\$25 co-pay PCP \$50 co-pay SP Office Visit Only
Outpatient Surgery (in surgical facility or doctor's office)	20% after deductible	Deductible applies	Deductible applies
Diagnostic lab & x-ray	20% after deductible	Deductible applies	Deductible applies
MRI, CT Scan, PETSCAN, etc.	20% after deductible	Deductible applies	Deductible applies
Office Visit Outpatient Mental Health/Chemical Dependency	\$50/visit	\$50/visit	\$50/visit
Urgent Care Facility Visit	\$75/vist	\$75/visit	\$75/visit
Emergency Room Services	\$200/visit	\$200/visit	\$200/visit
<b>PRESCRIPTIONS - Retail Pharmacy</b>			
Preferred Generic	\$3 copay	\$3 copay	\$3 copay
Non-Preferred Generic	\$10 copay	\$10 copay	\$10 copay
Preferred Brand	\$35 copay	\$35 copay	\$35 copay
Non-Preferred Brand	\$60 copay	\$60 copay	\$60 copay
Preferred Specialty	20% up to \$250	20% up to \$250	20% up to \$250
Non-Preferred Specialty	40% up to \$500	40% up to \$500	40% up to \$500