

	PPB Plan A	PPB Plan B	PPB Plan C	PPB Plan D
Medical Deductible				
Individual	\$650	\$1,025	\$2,275	\$650
Employee + Child/Family	\$1,300	\$2,050	\$4,550	\$1,300
Medical OOPM				
Individual	\$3,500	\$4,200	\$3,600	\$3,500
Employee + Child/Family	\$7,000	\$8,400	\$7,200	\$7,000
Prescription Deductible				
Individual	\$150	\$300	included in medical	\$150
Employee + Child/Family	\$300	\$600	included in medical	\$300
Primary Care Office Visit Copay	In WV: \$20 copay	In WV: \$20 copay	Deductible + 20%	In WV: \$20 copay
Specialist Office Visit Copay	In WV: \$40 copay	In WV: \$40 copay	Deductible + 20%	In WV: \$40 copay
Preventative Care, Screenings, Immunizations	Covered in full	Covered in full	Covered in full	Covered in full
Diagnostic Tests (X-Ray, Blood Work)	In WV: Deductible + 20%	In WV: Deductible + 30%	In WV: Deductible + 20%	In WV: Deductible + 20%
Imaging (CT, PET Scans, MRI)	In WV: \$100 copay + Deductible + 20%	In WV: \$250 copay + deductible + 30%	Deductible + 20%	In WV: \$250 copay + deductible + 20%
Generic Drugs (Tier 1)	\$20	\$20	\$20 after deductible, unless on Preventive Drug List	\$20
Preferred Brand Drugs (Tier 2)	\$50	\$60	\$50 after deductible, unless on Preventive Drug List	\$50
Non-Preferred Brand Drugs (Tier 3)	75% coinsurance	75% coinsurance	75% coinsurance after deductible, unless on Preventive Drug List	75% coinsurance
Specialty Drugs (Tier 4)	\$0 copay for specialty medications eligible for the SaveOnSP program. \$100 preferred; \$150 non-preferred after deductible; require payment of deductible and 20% coinsurance	\$0 copay for specialty medications eligible for the SaveOnSP program. \$100 preferred; \$150 non-preferred after deductible; require payment of deductible and 20% coinsurance	\$0 copay for specialty medications eligible for the SaveOnSP program. \$100 preferred; \$150 non-preferred after deductible; require payment of deductible and 20% coinsurance	\$0 copay for specialty medications eligible for the SaveOnSP program. \$100 preferred; \$150 non-preferred after deductible; require payment of deductible and 20% coinsurance
Outpatient Surgery	In WV: \$250 copay + deductible + 20%	\$250 copay + deductible + 30%	Deductible + 20%	In WV: \$250 copay + deductible + 20%
Emergency Room Care	In WV: \$200 copay (waived if admitted) + Deductible + 20%	In WV: \$200 copay (waived if admitted) + Deductible + 30%	Deductible + 20%	In WV: \$200 copay (waived if admitted) + Deductible + 20%

Emergency Medical Transportation	In WV: Deductible + 20%	In WV: Deductible + 30%	Deductible + 20%	In WV:Deductible+20%
Urgent Care	In WV: \$50 copay	In WV: \$50 copay	Deductible + 20%	\$50 copay
Inpatient Hospital Care	In WV: \$250 copay + deductible + 20%	In WV: \$250 copay + deductible + 30%	Deductible + 20%	In WV: \$250 copay + deductible + 20%
Outpatient Mental Health Care	In WV: Deductible + 20%	In WV: Deductible + 30%	In WV: Deductible + 20%	In WV:Deductible+20%
Prenatal Care	In WV: Covered in full after deductible	In WV: Covered in full after deductible	In WV: Deductible + 20%	In WV: Covered in full after deductible
Maternity care (delivery)	In WV: \$250 copay + deductible + 20%	In WV: \$250 copay + deductible + 20%	In WV: Deductible + 20%	In WV: \$250 copay + deductible + 20%
Home Health Care	In WV: Deductible + 20%	In WV: Deductible + 30%	In WV: Deductible + 20%	In WV:Deductible+20%
Rehabilitation Services	In WV: \$250 copay + deductible + 20%	In WV: \$250 copay + deductible + 30%	Deductible + 20%	In WV: \$250 copay + deductible + 20%
Skilled Nursing Care	In WV: \$250 copay + deductible + 20%	In WV: \$250 copay + deductible + 30%	Deductible + 20%	In WV: \$250 copay + deductible + 20%
Durable Medical Equipment	In WV: Deductible + 20%	In WV: Deductible + 30%	Deductible + 20%	In WV:Deductible+20%
Hospice Services	In WV: Deductible + 20%	In WV: Deductible + 30%	Deductible + 20%	In WV:Deductible+20%