

Medical Benefit

Prairie States Enterprises, Inc.

\$750 Deductible Copay Plan

Provider Networks			
		www.prairieontheweb.com	
Deductible		In Network	Out of Network
	Single	\$750	\$1,500
	Family	\$1,500	\$3,000
	Type	Embedded	
Coinsurance			
		20%	30%
Out of Pocket Max			
	Single	\$2,250	\$4,500
	Family	\$4,500	\$9,000
Services			
	Preventive	Covered 100%	Deductible then 30%
	Primary Care Office Visit	\$20 copay	Deductible then 30%
	Specialist Office Visit	\$40 copay	Deductible then 30%
	Urgent Care	\$50 copay	Deductible then 30%
	Emergency Room	\$100 copay	
	Diagnostic	Covered 100%	Deductible then 30%
	CT/PET/MRI	Covered 100%	Deductible then 30%
	Outpatient Surgery	Deductible then 20%	Deductible then 30%
	Hospital Stay	Deductible then 20%	Deductible then 30%
Retail Pharmacy			
	Tier 1	\$10 copay	--
	Tier 2	\$25 copay	--
	Tier 3	\$50 copay	--
Mail Order Pharmacy			
	Tier 1	\$25 copay	--
	Tier 2	\$60 copay	--
	Tier 3	\$150 copay	--
Specialty Pharmacy			
		20% up to \$100 per fill	--