

Medical Benefit

Prairie States Enterprises, Inc.

\$1,000 Deductible Copay Plan

Provider Networks

www.prairieontheweb.com

Deductible	In Network	Out of Network
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Type	Embedded	

Coinsurance

20%	30%
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Out of Pocket Max

Single	\$3,000	\$6,000
Family	\$6,000	\$12,000

Services

Preventive	Covered 100%	Deductible then 30%
Primary Care Office Visit	\$30 copay	Deductible then 30%
Specialist Office Visit	\$60 copay	Deductible then 30%
Urgent Care	\$60 copay	Deductible then 30%
Emergency Room	\$250 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	--
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