

Plan Selected: *Choice PPO Plan, Employee + Family*

Physician Care is care provided by your physician or a physician to whom you have been referred for an unforeseen illness. This care is most frequently provided in a physicians' office.

Choose Your Physician Care Benefit



In-Network Benefit	Monthly <input type="text" value="Monthly"/>	Benefit Cost	Your Choice
\$0 Copay		\$210.06	<input type="radio"/>
\$10 Copay		\$197.35	<input checked="" type="radio"/>
\$20 Copay		\$174.67	<input type="radio"/>

[Out-of-Network Benefit](#)

You are responsible for 30% of Usual & Customary charges after you meet your annual individual deductible of \$500 and family deductible of \$1000.

Additional Benefit

	Benefit Cost	Your Choice
Annual eye exam instead of one every two years	\$5.05	<input type="radio"/> yes <input checked="" type="radio"/> no

What's covered™

Office Based Physician Care
 Specialty Care
 Maternity Care
 Oncology Services

[...full plan description](#)

How it adds up™

Employer Contribution

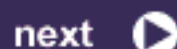
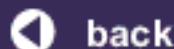
Medical	
Contribution	\$500.00
Used	<u>-\$197.35</u>
Available	\$302.65

Dental

Flexible Spending

Your Contribution

Medical	\$0.00
Dental	\$0.00
Flex. Spending	\$0.00
For All Benefits	\$0.00

[Medical](#)

Choose Your Plan

[Build Your Plan](#)- [Physician Care](#)

- Hospital Care

- Emergency Care

- Prescription Drugs

- Care Management

Medical Summary

Dental

Flexible Spending

Disability

Life

Benefits Summary