

Preferred Provider Organization (PPO) Plan – Buy Up Plan

Assured Nursing offers a PPO plan that allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

PPO PLAN		
Plan Feature	In-Network	Out-of-Network
Preventive Care Services	Covered in Full	Deductible & Coinsurance
Office Visit		
- Primary care	\$35	Deductible & Coinsurance
- Specialist	\$60	Deductible & Coinsurance
Annual Deductible:		
- Individual	\$5,000	\$10,000
- Family	\$10,000	\$20,000
Coinsurance	30%	50%
Out-of-Pocket (Includes Deductible):		
- Individual	\$7,350	\$20,000
- Family	\$14,700	\$40,000
Urgent Care	\$75	Deductible & Coinsurance
Emergency Room	\$250 then Coinsurance	\$250 then Coinsurance
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Therapy (Occupational, Physical, Speech)	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory Services	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health & Substance Abuse Services	Deductible & Coinsurance	Deductible & Coinsurance

PPO PRESCRIPTION PLAN		
Plan Feature	In-Network	Out-of-Network
Retail – Generic (30-day supply)	\$10 Copay	50%
Retail – Brand Name Formulary (30-day supply)	\$35 Copay	50%
Retail – Brand Name Non-Formulary (30-day supply)	\$75 Copay	50%
Specialty Medications/Injectables	25% to \$350 maximum	Not Covered
Mail Order – Generic (90-day supply)	\$25 Copay	Not Covered
Mail Order – Brand Name Formulary (90-day supply)	\$105 Copay	Not Covered
Mail Order – Brand Name Non-Formulary (90-day supply)	\$225 Copay	Not Covered

Preferred Provider Organization (PPO) Plan *(continued)*

Rates	Per Pay Employee Contribution
Employee Only	\$65.46
Employee + Spouse	\$282.95
Employee + Child(ren)	\$197.31
Employee + Family	\$318.29