

Plan	Aetna HMO	Aetna Select EPO	Aetna Choice POS II		Anthem BCBS PPO 90/70	
	Network Only	Network Only	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$0 per person \$0 per family	\$200 per person \$500 per family	\$250 per person \$500 per family	\$500 per person \$1,000 per family	\$250 per person \$500 per family	\$500 per person \$1,000 per family
Annual Out-of-Pocket Maximum	\$2,000 per person \$4,000 per family	\$1,700 per person \$3,500 per family	\$1,750 per person \$3,500 per family	\$4,500 per person \$9,000 per family	\$1,750 per person \$3,500 per family	\$4,500 per person \$9,000 per family
<b>Preventive Care</b>						
Routine and Preventive Services, Well-Child Care	\$0 copay	\$0 copay	\$0 copay	You pay 30%	\$0 copay	You pay 30%
<b>Physician Services</b>						
Office Visit	\$25 copay	\$25 copay	\$25 copay	You pay 30%	\$25 copay	You pay 30%
Diagnostic Services	\$25 copay	You pay 20%	You pay 20%	You pay 20%	You pay 20%	You pay 20%
Specialist Care	\$25 copay	\$25 copay	\$25 copay	You pay 30%	\$25 copay	You pay 30%
<b>Hospital Services</b>						
Inpatient Services (including inpatient maternity services)	Copay of \$150 per day not to exceed \$600	You pay 10%	Copay of \$100 per day not to exceed \$600, then you pay 10%	You pay 30%	Copay of \$100 per day not to exceed \$600 per admission, then you pay 10%	You pay 30%
Outpatient Surgery	\$250 copay	You pay 10%	You pay 10%	You pay 30%	You pay 10%	You pay 30%
Emergency Room Care (copay waived if admitted within 24 hours)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Ambulance Services	\$0 copay	You pay 10%	You pay 10%	You pay 10%	You pay 10%	You pay 10%

Plan	Aetna HMO	Aetna Select EPO	Aetna Choice POS II		Anthem BCBS PPO 90/70	
	Network Only	Network Only	Network	Out-of-Network	Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>						
Outpatient Services	Network - \$20 copay Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Aetna	Network - \$20 copay Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Aetna	\$20 copay  Services are provided through Cigna Behavioral Health, not through Aetna	You pay 30%  Services are provided through Cigna Behavioral Health, not through Aetna	\$20 copay  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem
Inpatient Services	Network - Covered at 100% after \$150 per day copay not to exceed \$600  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Aetna	Network - You pay 10%  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Aetna	Covered at 100% after \$100 per day copay/\$600 maximum  Services are provided through Cigna Behavioral Health, not through Aetna	You pay 30%  Services are provided through Cigna Behavioral Health, not through Aetna	Covered at 100% after \$100 per day copay/\$600 maximum  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem
<b>Other Medical Services</b>						
Durable Medical Equipment (DME)	\$0 copay	You pay 10%	You pay 10%	You pay 30%	You pay 10%	You pay 10%
Home Health Care (210 visits per year, combined in- and out-of-network)	\$0 copay	You pay 10%	You pay 10%	You pay 30%	You pay 10%	You pay 30%
Outpatient Therapy (limits are combined in- and out-of-network)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 30% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 30% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing Facility (60 days per year)	Copay of \$150 per day not to exceed \$600	You pay 10%	You pay 10%	You pay 30%	You pay 10%	You pay 30%
Urgent Care Services	\$50 copay (non-urgent care is not covered)	\$50 copay (non-urgent care is not covered)	\$50 copay (non-urgent care is not covered)	\$50 copay (non-urgent care is not covered)	You pay 10%	You pay 30%

Plan	Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS PPO High Option		Anthem BCBS EPO 90
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network Only
Annual Medical Deductible	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$300 per person \$1,800 per family	\$1,800 per person \$3,600 per family	\$200 per person \$500 per family	\$500 per person \$1,000 per family	\$200 per person \$500 per family
Annual Out-of-Pocket Maximum	\$2,500 per person \$5,000 per family	\$6,500 per person \$13,000 per family	\$4,100 per person \$8,200 per family	\$8,200 per person \$16,400 per family	\$2,200 per person \$4,500 per family	\$3,500 per person \$7,000 per family	\$1,700 per person \$3,500 per family
<b>Preventive Care</b>							
Routine and Preventive Services, Well-Child Care	\$0 copay	You pay 40%	\$0 copay (both PCP and specialist)	You pay 50%	\$0 copay	You pay 30%	\$0 copay
<b>Physician Services</b>							
Office Visit	\$25 copay	You pay 40%	\$35 copay	You pay 50%	\$30 copay	You pay 30%	\$25 copay
Diagnostic Services	You pay 20%	You pay 20%	You pay 25%	You pay 25%	\$30 copay	You pay 30%	You pay 20%
Specialist Care	\$25 copay	You pay 40%	\$45 copay	You pay 50%	\$30 copay	You pay 30%	\$25 copay
<b>Hospital Services</b>							
Inpatient Services (including inpatient maternity services)	Copay of \$100 per day not to exceed \$600 per admission, then you pay 20%	You pay 40%	Copay of \$100 per day not to exceed \$600, then you pay 25%	You pay 50%	Copay of \$150 per admission	You pay 30%	You pay 10%
Outpatient Surgery	You pay 20%	You pay 40%	You pay 25%	You pay 50%	\$150 copay	You pay 30%	You pay 10%
Emergency Room Care (copay waived if admitted within 24 hours)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Ambulance Services	You pay 20%	You pay 20%	You pay 25%	You pay 25%	\$0 copay	\$0 copay	You pay 10%

Plan	Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS PPO High Option		Anthem BCBS EPO 90
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network Only
<b>Mental Health/Substance Abuse</b>							
Outpatient Services	\$20 copay  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	\$20 copay  Services are provided through Cigna Behavioral Health not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	\$20 copay  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	Network - \$20 copay  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem
Inpatient Services	Covered at 100% after \$100 per day copay/\$600 maximum  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$100 per day copay/\$600 maximum  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$150 copay per admission  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	Network - You pay 10%  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem
<b>Other Medical Services</b>							
Durable Medical Equipment (DME)	You pay 20%	You pay 20%	You pay 25%	You pay 25%	\$0 copay	\$0 copay	You pay 10%
Home Health Care (210 visits per year, combined in- and out-of-network)	You pay 20%	You pay 40%	You pay 25%	You pay 50%	\$0 copay	You pay 30%	You pay 10%
Outpatient Therapy (limits are combined in- and out-of-network)	\$25 copay (includes hearing/ speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 40% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$35 copay (PCP) \$45 copay (specialist) (includes hearing/ speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 50% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$30 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 30% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing Facility (60 days per year)	You pay 20%	You pay 40%	You pay 25%	You pay 50%	\$0 copay	You pay 30%	You pay 10%
Urgent Care Services	You pay 20%	You pay 40%	You pay 25%	You pay 50%	\$50 copay	\$50 copay	You pay 10%

Plan	Anthem BCBS EPO 80		Anthem BCBS HDHP/HSA		Anthem BCBS HDP 15		Anthem BCBS HDP 40	
	Network Only	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	
Annual Medical Deductible	\$350 per person \$700 per family	\$2,700 per person \$5,450 per family (deductible includes medical & prescriptions)	\$3,000 per person \$6,000 per family (deductible includes medical & prescriptions)	\$1,400 per person \$2,800 per family (deductible includes medical & prescriptions) (deductible is non- embedded)	\$2,800 per person \$5,600 per family (deductible includes medical & prescriptions) (deductible is non- embedded)	\$3,500 per person \$7,000 per family (deductible includes medical & prescriptions)	\$7,000 per person \$14,000 per family (deductible includes medical & prescriptions)	
Annual Out-of-Pocket Maximum	\$2,350 per person \$4,700 per family	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family	\$2,400 per person \$4,800 per family	\$4,800 per person \$9,600 per family	\$6,000 per person \$12,000 per family	\$10,000 per person \$20,000 per family	
<b>Preventive Care</b>								
Routine and Preventive Services, Well-Child Care	\$0 copay	\$0 copay	You pay 45%	\$0 copay	You pay 40%	\$0 copay	You pay 60%	
<b>Physician Services</b>								
Office Visit	\$25 copay	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%	
Diagnostic Services	You pay 20%	You pay 20%	You pay 20%	You pay 15%	You pay 15%	You pay 40%	You pay 40%	
Specialist Care	\$25 copay	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%	
<b>Hospital Services</b>								
Inpatient Services (including inpatient maternity services)	You pay 20%	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%	
Outpatient Surgery	You pay 20%	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%	
Emergency Room Care (copay waived if admitted within 24 hours)	\$100 copay	You pay 20%	You pay 20%	You pay 15%	You pay 15%	You pay 40%	You pay 40%	
Ambulance Services	You pay 20%	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%	

Plan	Anthem BCBS EPO 80	Anthem BCBS HDHP/HSA		Anthem BCBS HDP 15		Anthem BCBS HDP 40	
	Network Only	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>							
Outpatient Services	Network - \$20 copay  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%
Inpatient Services	Network - You pay 20%  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%
<b>Other Medical Services</b>							
Durable Medical Equipment (DME)	You pay 20%	You pay 20%	You pay 20%	You pay 15%	You pay 15%	You pay 40%	You pay 40%
Home Health Care (210 visits per year, combined in- and out-of-network)	You pay 20%	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%
Outpatient Therapy (limits are combined in- and out-of-network)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 20% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 45% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 15% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 40% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 40% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 60% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing Facility (60 days per year)	You pay 20%	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%
Urgent Care Services	You pay 20%	You pay 20%	You pay 45%	You pay 15%	You pay 40%	You pay 40%	You pay 60%

Plan	Anthem BCBS PPO 70 SLV		Cigna POS Open Access Plus (OAP)		Cigna Open Access Plus In-Network (OAP-IN)	Cigna HDHP/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network Only	Network	Out-of-Network
Annual Medical Deductible	\$3,000 per person \$6,000 per family	\$6,000 per person \$12,000 per family	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$0 per person \$0 per family	\$2,700 per person \$5,450 per family (deductible includes medical and prescription drugs)	\$3,000 per person \$6,000 per family (deductible includes medical and prescription drugs)
Annual Out-of-Pocket Maximum	\$4,000 per person \$8,000 per family	\$8,000 per person \$16,000 per family	\$2,500 per person \$5,000 per family	\$6,500 per person \$13,000 per family	\$2,000 per person \$4,000 per family	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family
<b>Preventive Care</b>							
Routine and Preventive Services, Well-Child Care	\$0 copay	You pay 50%	\$0 copay	You pay 40%	\$0 copay	\$0 copay	You pay 45%
<b>Physician Services</b>							
Office Visit	\$35 copay	You pay 50%	\$25 copay	You pay 40%	\$25 copay	You pay 20%	You pay 45%
Diagnostic Services	You pay 30%	You pay 30%	You pay 20%	You pay 40%	\$0 copay	You pay 20%	You pay 45%
Specialist Care	\$45 copay	You pay 50%	\$25 copay	You pay 40%	\$25 copay	You pay 20%	You pay 45%
<b>Hospital Services</b>							
Inpatient Services (including inpatient maternity services)	\$100 copay per day to \$600 maximum, then 30% coinsurance	You pay 50%	You pay 20% after copay of \$250 per admission	You pay 40%	Copay of \$250 per admission	You pay 20%	You pay 45%
Outpatient Surgery	You pay 30%	You pay 50%	You pay 20%	You pay 40%	\$250 copay	You pay 20%	You pay 45%
Emergency Room Care (copay waived if admitted within 24 hours)	\$150 copay	\$150 copay	\$100 copay	\$100 copay	\$100 copay	You pay 20%	You pay 20%
Ambulance Services	You pay 30%	You pay 50%	You pay 20%	You pay 20%	\$0 copay	You pay 20%	You pay 20%

Plan	Anthem BCBS PPO 70 SLV		Cigna POS Open Access Plus (OAP)		Cigna Open Access Plus In-Network (OAP-IN)	Cigna HDHP/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network Only	Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>							
Outpatient Services	\$20 copay  Services are provided through Cigna Behavioral Health not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	\$20 copay  Services are provided through Cigna Behavioral Health	You pay 30%  Services are provided through Cigna Behavioral Health	Network - \$20 copay  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health	You pay 20%	You pay 45%
Inpatient Services	Covered at 100% after \$100 per day copay/\$600 maximum  Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30%  Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$150 copay per admission  Services are provided through Cigna Behavioral Health	You pay 30%  Services are provided through Cigna Behavioral Health	Network - Covered at 100% after \$150 copay per admission  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health	You pay 20%	You pay 45%
<b>Other Medical Services</b>							
Durable Medical Equipment (DME)	You pay 30%	You pay 30%	You pay 20%	You pay 20%	\$0 copay	You pay 20%	You pay 45%
Home Health Care (210 visits per year, combined in- and out-of-network)	You pay 30%	You pay 50%	You pay 20%	You pay 40%	\$0 copay	You pay 20%	You pay 45%
Outpatient Therapy (limits are combined in- and out-of-network)	You pay 30% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 50% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 40% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 20% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 45% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing Facility (60 days per year)	You pay 30%	You pay 50%	You pay 20%	You pay 40%	\$0 copay	You pay 20%	You pay 45%
Urgent Care Services	You pay 30%	You pay 50%	\$50 copay	\$50 copay	\$50 copay	You pay 20%	You pay 20%



Plan	Kaiser High Option EPO	Kaiser Mid Option EPO	Kaiser EPO 80	UnitedHealthcare Choice	UnitedHealthcare Choice Plus	
	Network Only	Network Only	Network Only	Network Only	Network	Out-of-Network
Annual Medical Deductible	\$0 per person \$0 per family	\$0 per person \$0 per family	\$500 per person \$1,000 per family	\$0 per person \$0 per family	\$0 per person \$0 per family	\$500 per person \$1,500 per family
Annual Out-of-Pocket Maximum	\$1,500 per person \$3,000 per family	\$2,000 per person \$4,000 per family	\$3,500 per person \$7,000 per family	\$2,000 per person \$4,000 per family	\$2,000 per person \$4,000 per family	\$2,600 per person \$7,800 per family
<b>Preventive Care</b>						
Routine and Preventive Services, Well-Child Care	\$0 copay (Frequency and age limits for those age 24 months and older)	\$0 copay (Frequency and age limits for those age 24 months and older)	\$0 copay (Frequency and age limits for those age 24 months and older)	\$0 copay	\$0 copay	You pay 30%
<b>Physician Services</b>						
Office Visit	\$20 copay	\$20 copay	\$25 copay	\$25 copay	\$25 copay	You pay 30%
Diagnostic Services	\$0 copay	\$0 copay/\$100 copay for high tech services (MRI, CT, Nuclear Medicine, PET)	20% coinsurance	\$25 copay	\$25 copay	You pay 30%
Specialist Care	\$20 copay	\$30 copay	\$35 copay	\$25 copay	\$25 copay	You pay 30%
<b>Hospital Services</b>						
Inpatient Services (including inpatient maternity services)	\$0 copay	Copay of \$250 per admission	You pay 20%	Copay of \$100 per day not to exceed \$600	Copay of \$100 per day not to exceed \$600	You pay 30%
Outpatient Surgery	\$20 copay	\$100 copay	You pay 20%	\$150 copay	\$200 copay	You pay 30%
Emergency Room Care (copay waived if admitted within 24 hours)	\$75 copay	\$100 copay	You pay 20%	\$100 copay	\$100 copay	\$100 copay
Ambulance Services	\$50 copay	\$100 copay	You pay 20%	\$0 copay	\$0 copay	\$0 copay

Plan	Kaiser High Option EPO	Kaiser Mid Option EPO	Kaiser EPO 80	UnitedHealthcare Choice	UnitedHealthcare Choice Plus	
	Network Only	Network Only	Network Only	Network Only	Network	Out-of-Network
<b>Mental Health/Substance Abuse</b>						
Outpatient Services	\$20 copay per visit for individual visit; \$10 for group visit	\$20 copay per visit for individual visit; \$10 for group visit	\$25 copay per visit for individual visit; \$12 for group visit	Network - \$20 copay  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through UHC	\$20 copay  Services are provided through Cigna Behavioral Health, not through UHC	You pay 30%  Services are provided through Cigna Behavioral Health, not through UHC
Inpatient Services	\$0 copay	Copay of \$250 per admission	You pay 20%	Network - Covered at 100% after \$100 per day copay/\$600 maximum per admission  Out-of-Network - You pay 30%  Services are provided through Cigna Behavioral Health, not through UHC	Covered at 100% after \$100 per day copay/\$600 maximum per admission  Services are provided through Cigna Behavioral Health, not through UHC	You pay 30%  Services are provided through Cigna Behavioral Health, not through UHC
<b>Other Medical Services</b>						
Durable Medical Equipment (DME)	\$0 copay	20% coinsurance	20% coinsurance	\$25 copay for diabetic supplies, all other DME covered at 100%	\$25 copay for diabetic supplies only all other DME covered at 100%	You pay 30%
Home Health Care (210 visits per year, combined in- and out-of-network)	\$0 copay	\$0 copay	\$0 copay	\$25 copay	\$25 copay	You pay 30%
Outpatient Therapy (limits are combined in- and out-of-network)	\$20 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$20 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 30% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing Facility (60 days per year)	\$0 copay	\$0 copay	20% coinsurance	\$100 per day not to exceed \$600	Copay of \$100 per day not to exceed \$600	You pay 30%
Urgent Care Services	\$20 copay	\$20 copay	\$25 copay	\$50 copay	\$50 copay	You pay 30%