I Plan Comparison Benefits Summary

	Peak 80% Plan Open Access Plan	Peak 70% Plan Open Access Plan	Peak Traditional Open Access Plan
	Participating Providers Only	**Participating Providers Only**	**Participating Providers Only**
Calendar Deductible – Individual/Family Does not apply to OOP Max	☐ $0 / $0 ☐ $250 / $500 ☐ $500 / $1,000	☐ $1,000 / $2,000 ☐ $2,000 / $4,000	☐ $500 / $1,000 ☐ $1,000 / $2,000 ☐ $2,000 / $4,000
Out-of-Pocket Maximum – Individual/Family	$2,000 Individual / $4,000 Family	$3,500 Individual / $7,000 Family	$2,000 Individual / $4,000 Family
Annual Benefit Maximum	None	None	None
Lifetime Maximum*	$2 Million	$2 Million	$2 Million
Pre-Existing Condition Limitation	12 Months	12 Months	12 Months
Outpatient Services	**You Pay**	**You Pay**	**You Pay**
Office Visits – Primary/Preventive Care, Eye Exams	$15	$25	$20 AD
Office Visits – Specialists	$25	$35	$30 AD
After Hours & Urgent Care	$25	$35	$30 AD
Chiropractic Care – 10 visits per member/calendar year	$25	$35	$30 AD
Major Lab/Radiology	20% AD	30% AD	20% AD
Minor Lab/X-ray (including mammograms)	You Pay Nothing	You Pay Nothing	You Pay Nothing AD
Physiotherapy at Provider's Office – 10 total provider/facility visits per type, per member/calendar year	$25	$35	$30 AD
Physiotherapy at Facility – 10 total provider/facility visits per type, per member/calendar year	20% AD	30% AD	20% AD
Emergency Care	**You Pay**	**You Pay**	**You Pay**
Emergency Room Care	$75 Participating / $150 Non-participating	$100 Participating / $200 Non-participating	$100 AD Participating / $200 AD Non-participating
Urgent Care	$25	$35	$30 AD
Ambulance	20% AD	30% AD	20% AD
Inpatient/Outpatient Hospital	**You Pay**	**You Pay**	**You Pay**
Inpatient Hospital / Facility Services	20% AD	30% AD	20% AD
Outpatient Hospital / Facility Services	20% AD	30% AD	20% AD
Additional Professional Services – Billed by facility	20% AD	30% AD	20% AD
Additional Professional Services – Billed by professional	20% AD	30% AD	20% AD
Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon	20% AD	30% AD	20% AD
Organ Transplant Services	20% AD	30% AD	20% AD
Maternity Services (Subscriber/Spouse Only)	**You Pay**	**You Pay**	**You Pay**
Deductible	Maternity benefits have a **Separate $7,500 Deductible** per occurrence	Maternity benefits have a **Separate $7,500 Deductible** per occurrence	Maternity benefits have a **Separate $7,500 Deductible** per occurrence
Pre-Natal and Post-Natal Care	100% Coverage After Maternity Deductible	100% Coverage After Maternity Deductible	100% Coverage After Maternity Deductible
Inpatient Hospital / Facility Services	100% Coverage After Maternity Deductible	100% Coverage After Maternity Deductible	100% Coverage After Maternity Deductible

- Deductibles, Lifetime Maximums, and Out-of-Pocket Maximums are cumulative across all levels.
- Deductibles, fixed dollar copays, and certain services DO NOT apply to the Out-of-Pocket Maximum.

* Lifetime Maximum for Peak Advantage is limited to a combined maximum of $2 Million across all levels.
AD = After Deductible

Peak Advantage
Open Access Plan

I-PA 10 / 15			I-PA 20 / 20		
Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Participating Providers Only			Participating Providers Only		
$250 Individual / $500 Family	$500 Individual / $1,000 Family	$1,000 Individual / $2,000 Family	$250 Individual / $500 Family	$500 Individual / $1,000 Family	$1,000 Individual / $2,000 Family
$1,000 Individual / $2,000 Family	$2,000 Individual / $4,000 Family	$3,000 Individual / $6,000 Family	$2,000 Individual / $4,000 Family	$3,000 Individual / $6,000 Family	$4,000 Individual / $8,000 Family
None	None	None	None	None	None
$2 Million			$2 Million		
12 Months			12 Months		
You Pay			**You Pay**		
$15	$25	$35	$20	$30	$40
$15	$25	$35	$20	$30	$40
$25	$35	$45	$30	$40	$50
$25			$30		
10% AD	20% AD	30% AD	20% AD	30% AD	40% AD
You Pay Nothing			You Pay Nothing		
$15	$25	$35	$20	$30	$40
10% AD	20% AD	30% AD	20% AD	30% AD	40% AD
You Pay			**You Pay**		
$75 Level 2 / $100 Level 3 / $150 Non-participating			$100 Level 2 / $150 Level 3 / $200 Non-participating		
$25	$35	$45	$30	$40	$50
20% After Level 2 Deductible			30% After Level 2 Deductible		
You Pay			**You Pay**		
⇨	20% AD	30% AD	⇨	30% AD	40% AD
⇨	20% AD	30% AD	⇨	30% AD	40% AD
⇨	20% AD	30% AD	⇨	30% AD	40% AD
20% After Level 2 Deductible			30% After Level 2 Deductible		
10% AD	20% AD	30% AD	20% AD	30% AD	40% AD
⇨	20% AD	30% AD	⇨	30% AD	40% AD
You Pay			**You Pay**		
Maternity benefits have a **SEPARATE $7,500 Deductible** per occurrence			Maternity benefits have a **SEPARATE $7,500 Deductible** per occurrence		
100% coverage after Maternity Deductible			100% coverage after Maternity Deductible		
100% coverage after Maternity Deductible			100% coverage after Maternity Deductible		

- This summary is for illustrative purposes only. For complete benefit disclosure, refer to the Medical Benefits Brochure in the policy or call Customer Service 1-800-377-4161.

I Plan Comparison Benefits Summary
–Continued–

	Peak 80% Plan Open Access Plan	Peak 70% Plan Open Access Plan	Peak Traditional Open Access Plan
	Participating Providers Only	Participating Providers Only	Participating Providers Only
Prescription Drugs✦	**You Pay**	**You Pay**	**You Pay**
Pharmacy Deductible	☐ No Deductible ☐ $500 Family ☐ $1,000 Family	☐ No Deductible ☐ $500 Family ☐ $1,000 Family	☐ No Deductible ☐ $500 Family ☐ $1,000 Family
Prescription Drugs – 30 day supply (Preferred Generic / Preferred Brand / Non-Preferred)	$15 / $30 / $60 After Pharmacy Deductible	$15 / $30 / $60 After Pharmacy Deductible	$15 / $30 / 50% w/ $60 Non-preferred minimum After Pharmacy Deductible
Injectable Medications	**You Pay**	**You Pay**	**You Pay**
Injectable Medications – Facility	20% AD	30% AD	20% AD
Injectable Medications – Non-Facility (Preferred / Non-Preferred)	20% / 30%	30% / 40%	20% / 30%
Injectable Medications – Pharmacy (Preferred / Non-Preferred)	20% / 30%	30% / 40%	20% / 30%
Allergy Conditions	**You Pay**	**You Pay**	**You Pay**
Testing & Treatment	$25	$35	$30 AD
Serum	20% AD	30% AD	20% AD
Injections	You Pay Nothing	You Pay Nothing	You Pay Nothing AD
Other Benefits	**You Pay**	**You Pay**	**You Pay**
Accident Related Dental Services – $1,000 lifetime maximum	50% AD	50% AD	50% AD
Durable Medical Equipment (DME) – $5,000 per member/calendar year	20%	30%	20% AD
Home Health Care - 30 visits per member/calendar year	20% AD	30% AD	20% AD
Home Hospice	20% AD	30% AD	20% AD
Implantable Contraceptives and Intra-Uterine Devices (IUDs)	20%	30%	20% AD
Infertility Services – Evaluation, testing, and diagnostic services; $750 per member/calendar year, up to a lifetime maximum of $5,000	50% AD	50% AD	50% AD
Medical Supplies	20%	30%	20% AD
Neuropsychological Testing	50% AD	50% AD	50% AD
Skilled Nursing Facility – 30 days per member/calendar year	20% AD	30% AD	20% AD
Sterilization Procedures – Physician's office	$25	$35	$30 AD
Sterilization Procedures – Outpatient facility	20% AD	30% AD	20% AD
Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnostic services; lifetime maximum of $1,000	50% AD	50% AD	50% AD
Mental Health and Substance Abuse	No Coverage	No Coverage	No Coverage

- Deductibles, Lifetime Maximums, and Out-of-Pocket Maximums are cumulative across all levels.
- Deductibles, fixed dollar copays, and certain services DO NOT apply to the Out-of-Pocket Maximum.

✦ If you receive a brand name drug when a preferred generic equivalent can be substituted, you will pay the difference in cost between the generic and the brand name drug, any applicable deductible, and/or the generic copay. Regular benefits apply if a preferred generic cannot be substituted.
AD = After Deductible

Peak Advantage
Open Access Plan

I-PA 10 / 15			I-PA 20 / 20		
Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Participating Providers Only			Participating Providers Only		
You Pay			**You Pay**		
☐ No Deductible ☐ $500 Family ☐ $1,000 Family			☐ No Deductible ☐ $500 Family ☐ $1,000 Family		
$15 / $30 / $60 After Pharmacy Deductible			$15 / $30 / $60 After Pharmacy Deductible		
You Pay			**You Pay**		
Facility Benefit Level			Facility Benefit Level		
20% / 30%			30% / 40%		
20% / 30%			30% / 40%		
You Pay			**You Pay**		
$15	$25	$35	$20	$30	$40
20%			30%		
You Pay Nothing			You Pay Nothing		
You Pay			**You Pay**		
50% After Level 2 Deductible			50% After Level 2 Deductible		
20%			30%		
10% AD	20% AD	30% AD	20% AD	30% AD	40% AD
10% AD	20% AD	30% AD	20% AD	30% AD	40% AD
20%			30%		
50% AD	50% AD	60% AD	50% AD	50% AD	60% AD
20%			30%		
50% After Level 2 Deductible			50% After Level 2 Deductible		
10% AD	20% AD	30% AD	20% AD	30% AD	40% AD
$15	$25	$35	$20	$30	$40
⇨	20% AD	30% AD	⇨	30% AD	40% AD
50% After Level 2 Deductible			50% After Level 2 Deductible		
No Coverage			No Coverage		

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