

# High vs Base Coverage Comparison

Coverage	Base Plan	High Plan	Difference
Annual Preventive	0.00	0.00	0.00
Deductible Individual	\$700	\$450	\$250
Family	\$1,400	\$900	\$500
Office Visit	\$30/\$40 copay	\$20/\$30 copay	\$10
X-Ray (Diagnostic)	80%/20%	90%/10%	10%
Ambulance	Deductible then 80%/20%	Deductible then 90%/10%	
Hospital	Deductible then 80%/20%	Deductible then 90%/10%	
Outpatient Surgery	Deductible then 80%/20%	Deductible then 90%/10%	
Emergency Room	\$250	\$250	\$0.00
Urgent Care	\$100	\$100	\$0.00
CareATC Wellness Center	\$0.00	\$0.00	\$0.00
Out of Pocket Limit Individual	\$2,000	\$1,500	\$500
Family	\$4,000	\$3,000	\$1,000

# High vs Base Premium Comparison

	High Plan Premiums	Base Plan Premiums	Monthly Difference in Premiums	Annual Difference in Premium
Individual Only	\$827.25	\$636.50	\$190.75	\$2,289
Individual/Spouse	\$1,764.40	\$1,336.40	\$428	\$5,136
Individual Children	\$1,508.60	\$1,145.50	\$363.10	\$4,357.20
Individual Family	\$2,447.40	\$1,845.60	\$592.80	\$7,113.60