



	TIER 1 (AIMM Preferred Programs)	Plan 9 TIER 2 (Standard Benefits)	TIER 3 (Non-Preferred Providers)
DEDUCTIBLE	\$1,400 Single / \$2,800 Family <i>(embedded deductible)</i>	\$6,500 Single / \$13,000 Family <i>(embedded deductible)</i>	\$13,000 Single / \$26,000 Family <i>(embedded deductible)</i>
BPA BestLife Wellness Program	Deductible Credits Available Based on Member Participation	Deductible Credits Available Based on Member Participation	Deductible Credits Available Based on Member Participation
CO-INSURANCE	0%	100%	50%
CO-INSURANCE MAXIMUM	\$0 Single / \$0 Family	\$0 Single / \$0 Family	\$2,500 Single / \$5,000 Family
OUT-OF-POCKET LIMIT (all inclusive)	\$1,400 Single / \$2,800 Family	\$6,500 Single / \$13,000 Family	\$15,500 Single / \$31,000 Family
PREVENTIVE SERVICES	100%	100%	100%
PHYSICIAN SERVICES	Office visit benefit includes all services provided during visit except lab		
- Primary Care Office Visit	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
- Specialist Office Visit	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
TELEPHONIC PHYSICIAN CONSULTATIONS	\$0 Copay	\$0 Copay	\$0 Copay
OUTPATIENT LAB	100% if preferred vendor	Deductible / Co-insurance	Deductible / Co-insurance
OUTPATIENT RADIOLOGY AND IMAGING	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging		
- Physician Office / Freestanding Imaging Ctr.	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
DIABETIC SUPPLIES	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
OUTPATIENT REHAB & THERAPY	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
EMERGENCY SERVICES	ER Copay waived if admitted		
- Hospital ER (Facility Charge Only)	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
- Urgent Care / ER Professional Services	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
OUTPATIENT SURGICAL PROCEDURES	Pre-certification required prior to scheduling,		
- Physician Office / Freestanding Surgery Ctr.	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
INPATIENT HOSPITALIZATION	All non-emergency confinements must be pre-certified. Report emergency confinements within 48 hrs of when confinement begins		
- Medical Facility Services	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
INPATIENT SURGICAL PROCEDURES	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
MENTAL HEALTH, SKILLED NURSING & HOSPICE CARE	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
MENTAL HEALTH & SUBSTANCE ABUSE	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
DURABLE MEDICAL EQUIPMENT	Deductible / Coinsurance	Deductible / Co-insurance	Deductible / Co-insurance
PRESCRIPTION DRUG BENEFITS	Refer to Preferred Formulary and SPD for additional details		
- Generic	Deductible / Coinsurance	Deductible / Co-insurance	Not Covered
- Brand	Deductible / Coinsurance	Deductible / Co-insurance	Not Covered
Non-Preferred Brand	Deductible / Coinsurance	Deductible / Co-insurance	Not Covered
Specialty Drugs	Deductible / Coinsurance	Deductible / Co-insurance	Not Covered
- International Mail Order - Brand	Deductible then \$0 Copay	Deductible then \$0 Copay	Not Covered

Please refer to your Summary Plan Document (SPD) for the actual benefit, limitations and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern.