



Comparison of Value Choice 5D, 6D, 7D, 8D

Large Group

Overview	VC 5D		VC 6D		VC 7D		VC 8D	
	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Calendar year deductible — individual/family	\$250/\$500	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$750/\$1,500	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	20%	40%	25%	40%	30%	50%	35%	50%
Out-of-pocket maximum — individual/family	\$2,000/ \$4,000	\$4,000/ \$8,000	\$2,500/ \$5,000	\$6,000/ \$12,000	\$3,000/ \$6,000	\$6,000/ \$12,000	\$5,000/ \$10,000	\$10,000/ \$20,000
Lifetime maximum	None		None		None		None	
Health and Wellness								
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Office visits								
Chiropractor (20 visits max. per calendar year)	\$15	40%	\$20	40%	\$25	50%	\$30	50%
Primary care physician (PCP)	\$15	40%	\$20	40%	\$25	50%	\$30	50%
Podiatrist	\$15	40%	\$20	40%	\$25	50%	\$30	50%
Maternity	20%	40%	25%	40%	30%	50%	35%	50%
Ultrasound	20%	40%	25%	40%	30%	50%	35%	50%
Delivery	20%	40%	25%	40%	30%	50%	35%	50%
All other specialists (including consultations and second opinions)	\$30	40%	\$40	40%	\$50	50%	\$60	50%
Outpatient services								
Alcohol/substance abuse, mental health treatment	\$20	40%	\$20	40%	\$20	50%	\$20	50%
Allergy shots	\$10	40%	\$10	40%	\$10	50%	\$10	50%
Emergency room services	\$150	\$150	\$200	\$200	\$250	\$250	\$300	\$300
Lab tests, routine (all outpatient locations)	20%	40%	25%	40%	30%	50%	35%	50%
Outpatient surgery	20%	40%	25%	40%	30%	50%	35%	50%
Preventive care (see certificate of coverage for details)	\$0	40%	\$0	40%	\$0	50%	\$0	50%
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	40%	25%	40%	30%	50%	35%	50%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	20%	40%	25%	40%	30%	50%	35%	50%
Renal dialysis	20%	40%	25%	40%	30%	50%	35%	50%
Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)	20%	40%	25%	40%	30%	50%	35%	50%
Vasectomy (physician office setting)	20%	40%	25%	40%	30%	50%	35%	50%
All other medically necessary outpatient services	20%	40%	25%	40%	30%	50%	35%	50%
Inpatient services (Some services may require authorization)	VC 5D		VC 6D		VC 7D		VC 8D	

	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network	
Hospital admission, alcohol/substance abuse (detox and acute care only)	20%	40%	25%	40%	30%	50%	35%	50%	
Hospital admission, medical (includes all services)	20%	40%	25%	40%	30%	50%	35%	50%	
Hospital admission, mental health	20%	40%	25%	40%	30%	50%	35%	50%	
Ambulance	20%	40%	25%	40%	30%	50%	35%	50%	
Other services (Some services may require authorization)									
Durable medical equipment and external prosthetic devices (\$2,500 max. per calendar year, limit does not apply to diabetic supplies)	20%	40%	25%	40%	30%	50%	35%	50%	
Home health care (60 visits max. per calendar year)	20%	40%	25%	40%	30%	50%	35%	50%	
Hospice (180 days maximum per calendar year)	Inpatient	20%	40%	25%	40%	30%	50%	35%	50%
	Outpatient	20%	40%	25%	40%	30%	50%	35%	50%
Hyperbaric oxygen therapy (per treatment)	20%	40%	25%	40%	30%	50%	35%	50%	
Pain management (per treatment day)	20%	40%	25%	40%	30%	50%	35%	50%	
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	20%	40%	25%	40%	30%	50%	35%	50%	
Skilled nursing facility (120 days max. per calendar year)	20%	40%	25%	40%	30%	50%	35%	50%	
Urgent care — in service area (must use participating provider)	\$15	\$40	\$20	\$40	\$25	\$50	\$30	\$60	

**Includes in-network and out-of-network combined*