

## Premium Assistance for *Kids* (PAK) Health Plan Comparison

	Blue Cross Blue Shield PAK Product	Lovelace Health Plan PAK Product	Presbyterian Health Plan PAK Product
<b>Benefits</b>	Preventive, primary and specialty care, inpatient and outpatient hospitalization, pharmacy, lab, x-ray and physical, occupational and speech therapies	Preventive, primary and specialty care, inpatient and outpatient hospitalization, pharmacy, lab, x-ray and physical, occupational and speech therapies	Preventive, primary and specialty care, inpatient and outpatient hospitalization, pharmacy, lab, x-ray and physical, occupational and speech therapies
<b>Deductible</b>	\$500 (doctor visits, routine physicals and prescription drugs are not subject to the deductible.)	\$500 (in-network office visits, emergency or urgent care visits, preventative services and prescription drugs are not subject to the deductible.)	\$500 (doctor visits, routine physicals and prescription drugs are not subject to the deductible.) Provides \$100 per calendar year to be used toward reimbursement for medical services.
<b>Co-payments</b>	<p>For services not subject to the deductible, the following co-payments apply:</p> <ul style="list-style-type: none"> <li>• \$0 for preventive service visits</li> <li>• \$20 for non-specialist and specialist office visits - network provider</li> <li>• \$10 for generic prescription drugs; \$35 for brand name drugs; \$75 for non-preferred drugs</li> <li>• \$30 for urgent care - network provider</li> <li>• \$150 for emergency room visit</li> </ul>	<p>For services not subject to the deductible, the following co-payments apply:</p> <ul style="list-style-type: none"> <li>• \$15 for pediatrician or primary care office visit - network provider</li> <li>• \$20 for specialist office visit - network provider</li> <li>• \$10 for generic drugs; \$35 or \$55 for brand name drugs</li> <li>• \$50 for urgent care - network provider</li> <li>• \$100 for emergency room visit</li> </ul> <p>Lab and x-ray services are paid at 80%.</p>	<p>For services not subject to the deductible, the following co-payments apply:</p> <ul style="list-style-type: none"> <li>• \$15 for specialist office visit or non-specialist office visit - network provider (up to 3 combined specialist and non-specialist visits per calendar year)</li> <li>• \$10 for generic prescription drugs; \$35 for brand name drugs; \$75 for non-preferred drugs</li> <li>• \$50 for urgent care - network provider (up to 2 visits per calendar year)</li> <li>• \$150 for emergency room visit (up to 1 visit per calendar year)</li> </ul>
<b>Co-insurance</b>	20% of the cost of the service after the deductible is met. Applies to most covered services that are not exempt from the deductible. These include hospital services, emergency care, diagnostic tests and physical therapy.	20% of the cost of the service after the deductible is met. Applies to covered services that are not exempt from the deductible.	30% of the cost of the service after the deductible is met. Applies to most covered services that are not exempt from the deductible. These include hospital services, emergency care, diagnostic tests and immunizations.
<b>Out of Pocket Maximum</b>	\$2,000 annual out-of-pocket maximum for coinsurance only. (This does not include deductible or co-payment amounts).	\$2,000 annual out-of-pocket maximum for coinsurance for in-network providers. (This does not include deductible or co-payments)	\$4,000 annual out-of-pocket maximum for coinsurance only. (This does not include deductible or co-payment amounts).