

Medical Group Plans

	Builders Benefits PPO Plus		Builders Benefits PPO 250		Builders Benefits PPO 500		Builders Benefits PPO 1000		Builders Benefits PPO 2000		Builders Benefits PPO 3000		Builders Benefits PPO 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE	Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted	
SINGLE/FAMILY	None	\$250/\$500 per contract year	\$250/\$500 per contract year	\$1,000/\$2,000 per contract year	\$500/\$1,000 per contract year	\$2,500/\$5,000 per contract year	\$1,000/\$2,000 per contract year	\$2,500/\$5,000 per contract year	\$2,000/\$4,000 per contract year	\$4,000/\$8,000 per contract year	\$3,000/\$6,000 per contract year	\$6,000/\$12,000 per contract year	\$5,000/\$10,000 per contract year	\$10,000/\$20,000 per contract year
COINSURANCE	None	60% after deductible	None	60% after deductible	None	60% after deductible	None	60% after deductible	None	60% after deductible	None	60% after deductible	None	60% after deductible
ANNUAL LIMIT OOP SINGLE/FAMILY	None	\$2,000/\$4,000	None	\$2,500/\$5,000	None	\$2,500/\$5,000	None	\$2,500/\$5,000	None	\$4,000/\$8,000	None	\$6,000/\$12,000	None	\$10,000/\$20,000
LIFETIME MAJOR MEDICAL MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
OFFICE VISIT*	\$20 co-pay	60% after deductible	\$20 co-pay	60% after deductible	\$25 co-pay	60% after deductible	\$25 co-pay	60% after deductible	\$25 co-pay	60% after deductible	\$25 co-pay	60% after deductible	\$25 co-pay	60% after deductible
OFFICE VISIT SPECIALIST	\$40 co-pay	60% after deductible	\$40 co-pay	60% after deductible	\$40 co-pay	60% after deductible	\$40 co-pay	60% after deductible	\$40 co-pay	60% after deductible	\$40 co-pay	60% after deductible	\$40 co-pay	60% after deductible
PREVENTIVE SERVICES	100%	60% (Deductible Waived)	100% (Deductible Waived)	60% (Deductible Waived)	100% (Deductible Waived)	60% (Deductible Waived)	100% (Deductible Waived)	60% (Deductible Waived)	100% (Deductible Waived)	60% (Deductible Waived)	100% (Deductible Waived)	60% (Deductible Waived)	100% (Deductible Waived)	60% (Deductible Waived)
HOSPITAL ADMISSION	\$150 co-pay per admission 100% after deductible	\$150 co-pay 60% after deductible	\$150 co-pay per admission 100% after deductible	\$150 co-pay 60% after deductible	\$150 co-pay per admission 100% after deductible	\$150 co-pay 60% after deductible	\$150 co-pay per admission 100% after deductible	\$150 co-pay 60% after deductible	\$150 co-pay per admission 100% after deductible	\$150 co-pay 60% after deductible	\$150 co-pay per admission 100% after deductible	\$150 co-pay 60% after deductible	\$150 co-pay per admission 100% after deductible	\$150 co-pay 60% after deductible
EMERGENCY ROOM	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible	\$100 co-pay (Waived if Admitted) after annual deductible
OUTPATIENT SURGERY	\$100 co-pay 100%	\$100 co-pay 60% after deductible	\$100 co-pay 100%	\$100 co-pay 60% after deductible	\$100 co-pay 100%	\$100 co-pay 60% after deductible	\$100 co-pay 100%	\$100 co-pay 60% after deductible	\$100 co-pay 100%	\$100 co-pay 60% after deductible	\$100 co-pay 100%	\$100 co-pay 60% after deductible	\$100 co-pay 100%	\$100 co-pay 60% after deductible

	Builders Benefits Value PPO 1000		Builders Benefits Value PPO 2000		Builders Benefits HSA 1500		Builders Benefits HSA 3000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE	Deductible applies to all services unless otherwise noted		Deductible applies to all services unless otherwise noted		Annual deductible must be paid before services are covered		Annual deductible must be paid before services are covered	
SINGLE/FAMILY	\$1,000/\$2,000 per contract year	\$2,500/\$5,000 per contract year	\$2,000/\$4,000 per contract year	\$2,500/\$5,000 per contract year	\$1,500/\$2,500 per contract year	\$2,500/\$5,000 per contract year	\$3,000/\$6,000 per contract year	\$5,950/\$11,900 per contract year
COINSURANCE	80% after deductible	60% after deductible	80% after deductible	60% after deductible	None	60% after deductible	None	60% after deductible
ANNUAL LIMIT OOP SINGLE/FAMILY	\$2,500/\$5,000	\$3,000/\$6,000	\$2,500/\$5,000	\$3,000/\$6,000	\$5,000/\$10,000 aggregate		\$5,950/\$11,900 aggregate	
LIFETIME MAJOR MEDICAL MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
OFFICE VISIT*	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$25 co-pay after deductible	60% after deductible	100% after deductible	60% after deductible
OFFICE VISIT SPECIALIST	80% after deductible	60% after deductible	80% after deductible	60% after deductible	\$50 co-pay after deductible	60% after deductible	100% after deductible	60% after deductible
PREVENTIVE SERVICES	100% (Deductible Waived)	60% (Deductible waived)	100% (Deductible Waived)	60% (Deductible waived)	100% (Deductible Waived)	60% (Deductible waived)	100% (Deductible Waived)	60% (Deductible waived)
HOSPITAL ADMISSION	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	60% after deductible
EMERGENCY ROOM	80% after deductible	80% after deductible	80% after deductible	80% after deductible	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)	\$100 co-pay (Waived if Admitted)
OUTPATIENT SURGERY	80% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible	100% after deductible	60% after deductible

	Integrated Drug Benefit			
	HSA 1500		HSA 3000	
	Retail	Mail Order	Retail	Mail Order
DEDUCTIBLE	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
COINSURANCE	N/A	N/A	N/A	N/A
CO-PAYMENT	Generic \$15	Generic \$30	Generic \$20	Generic \$40
	Preferred Brand \$30	Preferred Brand \$60	Preferred Brand \$40	Preferred Brand \$80
	Non-Preferred Brand \$50	Non-Preferred Brand \$85	Non-Preferred Brand \$80	Non-Preferred Brand \$110
SUPPLY LIMIT	30 Days	90 Days	30 Days	90 Days
TYPE	Incentive Generic		Incentive Generic	

Provided for demonstration purposes only. Actual benefits, cost sharing provisions, limitations, and exclusions are set forth in the Summary Plan Description issued to members. Except for authorized radiation therapy and emergency services, all services, including facility and physician charges, are not covered at the following University of Pittsburgh Medical Center (UPMC) facilities or their affiliated clinics: UPMC Shadyside, Eye and Ear Hospital, UPMC Montefiore, UPMC Presbyterian. These preferred provider plans may not cover all your health care expenses. Read your Summary Plan Description carefully to determine which health care services are covered. If you have questions call us at 1-888-221-2550 for assistance.

The Coinsurance shown is the percentage of an allowable charge covered by the plan after the annual deductible has been satisfied.

Preventive Services are covered in full. Office visit co-payments are waived. See the Summary Plan Description for a complete list of preventive services.

Dependent coverage age limit is 25 regardless of student status.

* For providers of Family Practice, Internal Medicine, Pediatrics, and Obstetrics/Gynecology.