

## Alliance Select Primary Plans at a Glance

Choose a plan that's right for your business and your employees. Here's a quick look at the plan options available.

Plan options	Deductible Single/family	Coinsurance in-network/ out-of-network	Out-of-pocket maximum Single/family	Primary care office copay	Non- Primary care office copay	Emergency care copay	Lifetime maximum	Drug plan	Retail copays 4-Tier	Self-administered specialty drug copay	Deductible Single/family
2-50											
51-100											
W7J	\$500	30%	\$1,000	\$25	\$50	\$250	\$5 million	2F6	\$8 / \$35 / \$50 / \$85	\$85	\$100 / \$200 waived for Tier 1
W7K	\$1,000		\$2,000								
W7L	\$1,500		\$3,000								
W7M	\$2,000		\$4,000								
W7N	\$2,500		\$5,000	\$30	\$60						
W7P	\$3,000		\$6,000								
W7Q	\$4,000		\$8,000								
W7R	\$5,000		\$10,000								

- The primary care office copay applies to advanced registered nurse practitioners, family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, and physician assistants. All other in-network providers are subject to the non-primary care office copay. The office copay applies per provider, per date of service.
- Includes preventive benefits for immunizations, routine physicals (includes female gynecological exam), cancer screenings, and well-child care to age seven.
- Nursing facility care limited to 90 days per calendar year.
- Diagnosis and treatment of infertility is excluded.
- Deductible waived for in-network prosthetic limbs.
- For groups with 2-50 employees, behavioral health care services for mental health and chemical dependency limited to 52 office/outpatient visits and 30 inpatient hospital days per calendar year. Limits do not apply to groups with 51-100 employees.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.

