

BENEFITS COMPARISON CHART

	PLAN 1	PLAN 2		PLAN 1	PLAN 2
 SIZE OF NETWORK	_____	_____	 DOCTORS IN NETWORK	_____	_____
 MONTHLY PREMIUM	_____	_____	 DEDUCTIBLE	_____	_____
 COPAYMENTS	_____	_____	 COINSURANCE	_____	_____
 OUT-OF-POCKET MAXIMUM	_____	_____	 PRESCRIPTION COSTS	_____	_____
 DENTAL COVERAGE	_____	_____	 VISION COVERAGE	_____	_____
 BEHAVIORAL / MENTAL HEALTH COVERAGE	_____	_____	 PARTICIPATING HOSPITALS	_____	_____
 ACCESS TO SPECIALISTS	_____	_____	 ALTERNATIVE TREATMENT COVERAGE	_____	_____
 SAVINGS OPTIONS (HSA / FSA)	_____	_____	 DISCOUNT OPPORTUNITIES	_____	_____