

IN  
NETWORK

VS

OUT OF  
NETWORK

# COSTS



Your Cost  
= \$25

A \$150 Doctor's visit covered at 100%  
after a \$25 Copay (Deductible Waived)

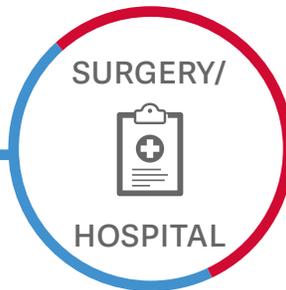


Your Cost  
= \$150

A \$150 Doctor's visit covered at 60%  
after a \$400 Deductible

Your Cost  
= \$3,920

A \$20,000 Surgery covered at 80%  
after a \$400 Deductible



Your Cost  
= \$7,840

A \$20,000 Surgery covered at 60% after  
a \$400 Deductible

Your Cost  
= \$20

\*A \$100 Generic Drug covered at 100%  
after a \$20 Copay



Your Cost  
= \$32

\*A \$100 Generic Drug covered at 60%  
after a \$20 Copay

\*Costs calculated as if the Annual Deductible has been met.  
Please Note: These are samples costs and coinsurances only and in no way reflect  
your plan benefits. Please refer to your policy to see how your benefits will be paid.

ahp

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