

IN
NETWORK

VS

OUT OF
NETWORK

COSTS

Your Cost
= \$25

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

DOCTOR'S



VISITS

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

SURGERY/
HOSPITAL



HOSPITAL

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

RX DRUGS



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

Academic
HealthPlansSM