

City of Fort Dodge

	IGHCP Plan A	IGHCP Plan B
Employee Deductible - Single	\$2,500	\$500
Employee Deductible - Family	\$5,000	\$1,000
Employee OOP Max - Single	\$2,500	\$1,000
Employee OOP Max - Family	\$5,000	\$2,000
Coinsurance - In Network	100%	80% / 20%
Coinsurance - Out of Network	100%	70% / 30%
Preventive Care - in network	100%	100%
PPO Office Services	Ded & Coins	Ded waived / Coins only
PPO Independent Labs	Ded & Coins	Ded waived / Coins only
PPO Urgent Care	Ded & Coins	Ded waived / Coins only
PPO facilities - Outpatient Xray/Labs	Ded & Coins	Ded waived / Coins only
PPO MHCD services - office & outpatient	Ded & Coins	Ded waived / Coins only
PPO provider - prosthetic limbs	Ded & Coins	Ded waived / Coins only
One postpartum home visit	Ded & Coins	Ded waived / Coins only
Emergency Room	Ded & Coins	Ded & Coins
Prescription Drugs	Blue RX Complete	Blue RX Complete
Employee/Primary RX OOP - Single	\$2,500 (hlth included)	\$5,500 (hlth included)
Employee/Primary RX OOP - Family	\$5,000 (hlth included)	\$7,900 (hlth included)
Tier 1 Copay	Ded & Coins	\$0
Tier 2 Copay	Ded & Coins	\$15
Tier 3 Copay	Ded & Coins	\$30
Tier 4 Copay	Ded & Coins	\$30
Specialty	Ded & Coins	\$85

**This illustration is a summary of benefits only. Please refer to the Outline of Coverage/Summary Plan Description for detailed coverage information.*