

Group/Class	Lieutenant (MAP)		
Med.Suffix (01658-)	774	681	707
Medical	PPO-1	PPO-6	PPO-4
<i>Coinsurance</i>	100%	90/10%	80/20%
<i>Deductible</i>	\$0	\$250/\$500	\$500/\$1,000
<i>Coinsurance Maximum</i>	\$0	\$1,000/\$2,000	\$1,500/\$3,000
<i>OV Copay</i>	\$10	\$10	\$10
<i>ER Copay</i>	\$50	\$50	\$100
<i>Chiropractor</i>	\$10	\$10	\$10
Rx	Mandatory Generic		
<i>Copay Structure</i>	\$5 / \$10	\$10 / \$20	\$2/25/\$50
<i>Mail Order Copay</i>	1x	1x	1x
Dental			
<i>Class I</i>	100%		
<i>Class II</i>	50%		
<i>Class III</i>	50%		
<i>Class IV</i>	Not Covered		
<i>Annual Max</i>	\$1,200		
Vision			
<i>Exam Frequency</i>	12 consecutive months		
<i>Materials Frequency</i>	12 consecutive months		
<i>Exam Copay</i>	\$5.00		
<i>Materials Copay</i>	\$10.00		