

Group/Class	Sergeant (MAP)			
Med.Suffix (01658-)	773		687	789
Medical	PPO-1	Medical	PPO-6	PPO-4
<i>Coinsurance</i>	100%	<i>Coinsurance</i>	90/10%	80/20%
<i>Deductible</i>	\$0	<i>Deductible</i>	\$250/\$500	\$500/\$1,000
<i>Coinsurance Maximum</i>	\$0	<i>OOPM</i>	\$1,000/\$2,000	\$1,500/\$3,000
<i>OV Copay</i>	\$10	<i>OV Copay</i>	\$10	\$10
<i>ER Copay</i>	\$50	<i>ER Copay</i>	\$50	\$100
<i>Chiropractor</i>	\$10	<i>Chiropractor</i>	\$10	\$10
Rx	Mandatory Generic			
<i>Copay Structure</i>	\$10 / \$20		\$10 / \$20	\$2/25/\$50
<i>Mail Order Copay</i>	1x		1x	2x
Dental	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	Vision			
<i>Exam Frequency</i>	2 consecutive montl		12 months	
<i>Materials Frequency</i>	2 consecutive montl		12 months	
<i>Exam Copay</i>	\$5.00		\$5.00	
<i>Marterials Copay</i>	\$10.00		\$7.50	