



**Individual**

**Individual**

**Family**

**Primary Care**

**20%afterded**

**40%afterded**

**0%afterded**

**20%afterded**

**50%afterded**

**Specialist Care**

**Revertive Care**

**100%**

**100%**

**100%**

**100%**

**100%**

**100%**

**20%afterded**

**40%afterded**

**20%afterded**

**50%afterded**

**\$250copay**

**\$250copay**

**\$250copay**

**20%afterded**

**20%afterded**

