

Health Advantage

2020 Small Group Health Plans

Plan-Year Benefit

Name	Medical Copay Type	Deductibles				Coinsurance		Out of Pocket Maximums				Medical Copays								RX Copays					Deductible Type	TrOOP Type	
		IND	IND	FAM	FAM	IN	OUT	IND	IND	FAM	FAM	OT/PT/ST	MH Consult/Eval	IP	OP	ER	UC	PCP	SCP	Gen	Pref	Non Pref	Pref Spec	Spec			
		In-Net	OON	In-Net	OON			In-Net	OON	In-Net	OON																
Platinum 250 ELITE	a, b, d	\$250	\$750	\$500	\$1,500	20%	40%	\$1,250	Unlimited	\$2,500	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$30	\$50	\$100	\$200	Fulfillment	Embedded	
Platinum 500 ELITE	a, b, d	\$500	\$1,500	\$1,000	\$3,000	20%	40%	\$1,500	Unlimited	\$3,000	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$30	\$50	\$100	\$200	Fulfillment	Embedded	
Platinum 750 ELITE	a, b, d	\$750	\$2,250	\$1,500	\$4,500	20%	40%	\$1,750	Unlimited	\$3,500	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$30	\$50	\$100	\$200	Fulfillment	Embedded	
Platinum 1000 ELITE	a, b, d	\$1,000	\$3,000	\$2,000	\$6,000	20%	40%	\$2,000	Unlimited	\$4,000	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$30	\$50	\$100	\$200	Fulfillment	Embedded	
Gold 1000 ELITE	a, b, d	\$1,000	\$3,000	\$2,000	\$6,000	20%	40%	\$5,500	Unlimited	\$11,000	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$35	\$60	\$120	\$240	Fulfillment	Embedded	
Gold 1000 ESSENTIAL	a, b, d	\$1,000	\$3,000	\$2,000	\$6,000	20%	40%	\$7,000	Unlimited	\$14,000	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$45	\$75	coins	coins	Fulfillment	Embedded	
Gold 1500 ELITE	a, b, d	\$1,500	\$4,500	\$3,000	\$9,000	20%	40%	\$3,750	Unlimited	\$7,500	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$35	\$60	\$120	\$240	Fulfillment	Embedded	
Gold 1500 ESSENTIAL	a, b, d	\$1,500	\$4,500	\$3,000	\$9,000	20%	40%	\$7,000	Unlimited	\$14,000	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$45	\$75	coins	coins	Fulfillment	Embedded	
Gold 2100 HSA		\$2,100	\$6,300	\$4,200	\$12,600	0%	20%	\$2,100	Unlimited	\$4,200	Unlimited	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	True Family	True Family
Gold 2800 HSA		\$2,800	\$8,400	\$5,600	\$16,800	0%	20%	\$2,800	Unlimited	\$5,600	Unlimited	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
Gold 2000 ELITE	a, b, d	\$2,000	\$6,000	\$4,000	\$12,000	20%	40%	\$5,750	Unlimited	\$11,500	Unlimited	\$35	\$5	\$200	\$100	\$100	\$55	\$5	\$55	\$5	\$45	\$75	\$150	\$300	Fulfillment	Embedded	
Silver 2000 ELITE	d	\$2,000	\$6,000	\$4,000	\$12,000	30%	50%	\$7,800	Unlimited	\$15,600	Unlimited	\$35	\$25	n/a	\$200	n/a	\$60	\$25	n/a	\$25	\$60	\$100	\$200	\$400	Fulfillment	Embedded	
Silver 2000 ESSENTIAL	a, d	\$2,000	\$6,000	\$4,000	\$12,000	30%	50%	\$8,150	Unlimited	\$16,300	Unlimited	\$45	\$45	n/a	\$200	\$200	\$90	\$45	n/a	\$25	\$60	\$100	coins	coins	Fulfillment	Embedded	
Silver 2500 ELITE	c, d	\$2,500	\$7,500	\$5,000	\$15,000	20%	40%	\$7,800	Unlimited	\$15,600	Unlimited	Ded/Coins	Ded/Coins	n/a	\$200	n/a	n/a	n/a	n/a	\$5	\$60	\$100	\$200	\$400	Fulfillment	Embedded	
Silver 3000 ELITE	d	\$3,000	\$9,000	\$6,000	\$18,000	20%	40%	\$8,150	Unlimited	\$16,300	Unlimited	\$45	\$25	n/a	\$200	n/a	\$65	\$25	\$65	\$20	\$60	\$100	coins	coins	Fulfillment	Embedded	
Silver 4100 HSA		\$4,100	\$12,300	\$8,200	\$24,600	0%	20%	\$4,100	Unlimited	\$8,200	Unlimited	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
Bronze 5500 ELITE**		\$5,500	\$16,500	\$11,000	\$33,000	50%	50%	\$8,150	Unlimited	\$16,300	Unlimited	\$25	\$25	n/a	n/a	n/a	n/a	\$25	n/a	\$25	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
Bronze 6750 HSA**		\$6,750	\$20,250	\$13,500	\$40,500	0%	20%	\$6,750	Unlimited	\$13,500	Unlimited	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded

**Expanded Bronze

Deductible Types

Fulfillment - Each family member is subject to the individual deductible until two or three family members have met their individual deductible limit.

Aggregate (True Family) - Each family member is subject to the family deductible until the family deductible limit is met.

Embedded - Each family members is subject to the individual deductible limit until the sum total family deductible limit has been reached.

UNLESS OTHERWISE MENTIONED BELOW, COPAYS ARE NOT SUBJECT TO DEDUCTIBLE

a: (ER) has copay, then coinsurance

b: (IP) & (SNF) have copay before deductible. Copays are per admit.

c: 3 free visits before member cost-sharing applies (PCP)

d: (OP) copay refers to surgery physician/services only & is copay, deductible, then coinsurance