**Plan-Year Benefit** Deductibles Coinsurance **Out of Pocket Maximums Medical Copays RX Copavs** Medical Tr00P Deductible FAM FAM IND IND FAM IND IND FAM **OT**/ MH Copay Name Non Pref SCP Gen Type Type OUT PT/ IP OP ER UC PCP Spec IN Consult/ Pref Туре Pref Spec In-Net **00N** In-Net 00N In-Net 00N In-Net 00N ST Eval \$55 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 \$5 \$30 \$50 \$100 \$200 Fulfillment Embedded \$55 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 \$5 \$45 \$75 coins coins 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 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 Fulfillment Embedded coins coins Platinum 250 ELITE \$50 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 \$100 \$200 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 True Family n/a n/a n/a n/a n/a n/a n/a n/a n/a True Family Platinum 500 ELITE \$500 \$1,500 \$3,000 20% 40% \$1,500 \$35 \$5 \$200 \$100 \$100 \$55 \$5 \$55 \$5 \$30 \$50 \$100 \$200 Fulfillment Embedded a, b, d \$1,000 Unlimited \$3,000 Unlimited 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 True Family True Family n/a \$750 20% \$35 \$5 \$55 \$5 \$55 \$5 \$30 \$50 Platinum 750 ELITE a, b, d \$2,250 \$1,500 \$4,500 40% \$1,750 Unlimited \$3,500 Unlimited \$200 \$100 \$100 \$100 \$200 Fulfillment Embedded 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 Embedded Embedded Platinum 1000 ELITE 20% \$35 \$5 \$200 \$55 \$5 \$55 \$5 \$30 \$50 \$100 \$200 Fulfillment a, b, d \$1,000 \$3,000 \$2,000 \$6,000 40% \$2,000 Unlimited \$4.000 Unlimited \$100 \$100 Embedded \$2,800 0% Gold 2800 HSA \$8,400 \$5,600 \$16,800 20% \$2,800 Unlimited \$5,600 Unlimited Ded/Coins Ded/Coins n/a Embedded Embedded Gold 1000 ELITE \$35 \$5 \$200 \$100 \$5 \$55 \$5 \$35 \$60 Fulfillment a. b. d \$1.000 \$3.000 \$2.000 \$6.000 20% 40% \$5.500 Unlimited \$11.000 Unlimited \$100 \$55 \$120 \$240 Embedded Silver 4100 HSA \$4,100 \$8,200 \$24,600 0% 20% \$8,200 Ded/Coins Ded/Coins \$12.300 \$4.100 Unlimited Unlimited n/a Embedded Embedded Unlimited Gold 1500 ELITE a, b, d \$1,500 \$4,500 \$3,000 \$9,000 20% 40% \$3,750 Unlimited \$7,500 \$35 \$5 \$200 \$100 \$100 \$55 \$5 \$55 \$5 \$35 \$60 \$120 \$240 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 Embedded Embedded n/a n/a n/a

## **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 before deductible, 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 before deductible, then coinsurance



Plan-Year Benefit																										
Name	Medical Copay Type	Deductibles				Coinsurance		Out of Pocket Maximums				Medical Copays								RX Copays						
		IND	IND	FAM	FAM			IND	IND	FAM	FAM	0Т/	МН									Non	Pref		Deductible	Tr00P
		In-Net	OON	In-Net	OON	IN	OUT	In-Net	OON	In-Net	OON	PT/ ST	Consult/ Eval	IP	OP	ER	UC	PCP	SCP	Gen	Pref	Pref	Spec	Spec	Туре	Туре
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
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	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
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	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
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	Embedded	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
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	Embedded	Embedded

\*\*Expanded Bronze

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