

Your Covered Benefits Are:	Narrow Network	In Network (HMO/POS)	Out of Network
Individual Deductible (Applicable to policies covering only one person)	\$1,000	\$1,200	\$3,600
Family Deductible (Aggregate)	\$2,000	\$2,400	\$7,200
Per Member Deductible within a Family (Applicable to policies covering two or more persons)	\$1,000	\$1,200	\$3,600
Individual Out of Pocket (OOP) Max* (Applicable to policies covering only one person)	\$6,900	\$6,900	\$20,700
Family Out of Pocket Max*	\$13,800	\$13,800	\$41,400
Per Member OOP Max within a Family* (Applicable to policies covering two or more persons)	\$6,900	\$6,900	\$20,700
Coinsurance (Employee Share)	20%	30%	40%
Creditable Coverage+	Creditable		
	Office Visits		
Select Primary Care Physician (PCP)**	\$0 Copay	\$40 Copay	Deductible then Coinsurance
Primary Care Physician (PCP)	\$30 Copay	\$40 Copay	Deductible then Coinsurance
Telemedicine PCP Visit (Virtual)	\$0	\$40 Copay	Deductible then Coinsurance
Specialist	\$60 Copay	\$75 Copay	Deductible then Coinsurance
Pregnancy Care	\$30 Per Pregnancy	\$40 Per Pregnancy	Deductible then Coinsurance
Select Mental & Nervous/Alcohol & Drug**	\$0 Copay	\$40 Copay	Deductible then Coinsurance
Urgent Care	\$60 Copay	\$75 Copay	Deductible then Coinsurance
Lab & Low-Tech Imaging	Covered by Copay	Covered by Copay	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Fully Covered	Deductible then Coinsurance
	Inpatient Services		
Inpatient Hospital Admission	\$600 Copay per Admission	\$800 Copay per Admission	Deductible then Coinsurance
Inpatient Facility Charges Services	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Outpatient Services		
Emergency Room (Waived if admitted)	20% Deductible then Coinsurance		
Ambulatory Surgical & Outpatient Facility	\$100 Copay per Surgery	\$150 Copay per Surgery	Deductible then Coinsurance
Outpatient Facility Charges Services	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Lab and Low- & High-Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Other Covered Services		
Ground Ambulance (Medically necessary)	Deductible then 20% Coinsurance		
Air Ambulance (Medically necessary)	Deductible then 20% Coinsurance		
	Prescription Medication		
Drug Deductible	\$50 deductible per person / \$1,000 out-of-pocket maximum per person		
	\$10 Generic / \$25 Preferred / \$45 Non-Preferred / \$45 Specialty		Not Covered

Coverage Tier (Actives)	Total Monthly Premium	Employer Share	Employee Share
<b>Employee Only</b>	\$709.18	\$613.47	\$95.71
<b>Employee + Spouse</b>	\$1,631.10	\$1,206.71	\$424.39
<b>Employee + Child(ren)</b>	\$1,418.35	\$1,084.63	\$333.72
<b>Family</b>	\$2,553.03	\$1,890.63	\$662.40

\*All in-network medical and pharmacy deductibles, copayments and coinsurance apply to out-of-pocket max. A separate out-of-pocket max will apply for services received out-of-network.

+Creditable prescription drug coverage means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. Non-creditable prescription drug coverage means the coverage is not expected to pay on average as much as standard Medicare prescription drug coverage. The coverage status determination shown above is subject to change based on the effective date and testing results for drug coverage as new parameters are released by CMS.

This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.

**\*\*PCP Select \$0 Office Visit Copay applies to General Practice, Family Practice, Pediatrics, Internal medicine, OB/GYN, Certified Midwife, Nurse Practitioner, Physician Assistant providers, and Mental Health Providers (Licensed Professional Counselors, Master of Social Work, Psychiatrist, Psychologist, and Substance use Disorder Counselor. This cost share applies to office visits and telehealth visits. The cost share for all services listed in the COVERED OFFICE SERVICES WITH NETWORK OFFICE VISIT COPAYMENT section will apply to these PCP select providers. PCP Select benefit only applies to the EPO tier.**