

Your Covered Benefits Are:	Narrow Network	In Network (HMO/POS)	Out of Network
Individual Deductible (Applicable to policies covering only one person)	\$2,400	\$4,800	\$9,600
Family Deductible (Aggregate)	\$4,800	\$9,600	\$19,200
Per Member Deductible within a Family (Applicable to policies covering two or more persons)	\$4,800	\$9,600	\$19,200
Individual Out of Pocket (OOP) Max* (Applicable to policies covering only one person)	\$6,000	\$6,000	\$12,000
Family Out of Pocket Max*	\$12,000	\$12,000	\$24,000
Per Member OOP Max within a Family* (Applicable to policies covering two or more persons)	\$9,600	\$9,600	\$24,000
Coinsurance (Employee Share)	20%	30%	40%
Creditable Coverage+	Creditable		
	Office Visits		
Select Primary Care Physician (PCP)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Primary Care Physician (PCP)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Telemedicine PCP Visit (Virtual)	\$0	Deductible then Coinsurance	Deductible then Coinsurance
Specialist	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Pregnancy Care	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Mental & Nervous/Alcohol & Drug	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Urgent Care	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Lab & Low-Tech Imaging	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
High Tech Imaging (Free-standing)	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Preventive and Wellness	Fully Covered	Fully Covered	Deductible then Coinsurance
	Inpatient Services		
Inpatient Hospital Admission	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Inpatient Professional Services	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Outpatient Services		
Emergency Room (Waived if admitted)	20% Deductible then Coinsurance		
Outpatient Facility	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Outpatient Professional	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
Physical, Speech & Occupational Therapy	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)	20% Deductible then Coinsurance		
Air Ambulance (Medically necessary)	20% Deductible then Coinsurance		
	Prescription Medication		
Drug Deductible	The medical and drug deductible is integrated		
	20% Deductible then Coinsurance		Not Covered

Coverage Tier (Actives)	Total Monthly Premium	Employer Share	Employee Share
Employee Only	\$588.08	\$541.96	\$46.12
Employee + Spouse	\$1,352.59	\$1,042.26	\$310.33
Employee + Child(ren)	\$1,176.16	\$941.62	\$234.54
Family	\$2,117.09	\$1,633.21	\$483.88

*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.