

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Platinum 250	Platinum 500	No-math plan Platinum 2100	Gold 1000	Gold 1500
	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network
Deductible	\$250 / \$3,000	\$500 / \$3,000	\$2,100 / \$3,000	\$1,000 / \$5,000	\$1,500 / \$5,000
Out-of-pocket maximum	\$5,000 / \$10,000	\$4,500 / \$10,000	\$2,100 / \$10,000	\$8,200 / \$10,000	\$9,000 / \$12,000
Preventive care	Covered in full for in-network services				
<u>Empower360SM</u>	3% discount on medical premium; up to \$150 for eligible employees and spouses/domestic partners				
<u>Employee Assistance Program</u>	Covered in full (4 counseling visits per incident)				
Behavioral health	\$20 / 50%	\$20 / 50%	0% / 50%	\$30 / 50%	\$30 / 50%
Virtual care	\$10 / 50%	\$10 / 50%	0% / 50%	\$10 / 50%	\$10 / 50%
Primary care provider	\$20 / 50%	\$20 / 50%	0% / 50%	\$30 / 50%	\$30 / 50%
Specialist	\$45 / 50%	\$45 / 50%	0% / 50%	\$60 / 50%	\$60 / 50%
Urgent care	\$45 / 50%	\$45 / 50%	0% / 50%	\$60 / 50%	\$60 / 50%
Maternity	10% / 50%	10% / 50%	0% / 50%	30% / 50%	20% / 50%
Inpatient hospital	10% / 50%	10% / 50%	0% / 50%	30% / 50%	20% / 50%
Outpatient surgery & services	10% / 50%	10% / 50%	0% / 50%	30% / 50%	20% / 50%
Outpatient lab & radiology	0% / 50%	0% / 50%	0% / 50%	30% / 50%	20% / 50%
Outpatient complex lab & imaging	10% / 50%	10% / 50%	0% / 50%	30% / 50%	20% / 50%
Outpatient rehab	\$30 / 50%	\$30 / 50%	0% / 50%	\$35 / 50%	\$35 / 50%
Emergency room*	\$250 then coinsurance	\$250 then coinsurance	0%	\$300 then coinsurance	\$300 then coinsurance
Hearing instruments & services: 1 instrument per ear every 36 months	0% / Covered in full out of network				
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or 1 pair of contacts per year at \$0 / 50%				
Pediatric dental up to age 19*	0% Preventive, 20% Basic, 50% Major				
Acupuncture (no limit) / spinal manipulation (10 visits per year)	\$20 / 50%	\$20 / 50%	0% / 50%	\$30 / 50%	\$30 / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	10% / 50%	10% / 50%	0% / 50%	30% / 50%	20% / 50%
Optimum Value Medication List	N/A	N/A	Yes	N/A	N/A
Rx Tier 1 (Preferred generics)*	\$8	\$8	0%	\$10	\$15
Rx Tier 2 (Generics)*	\$30	\$35	0%	\$35	\$35
Rx Tier 3 (Preferred brands)*	\$40	\$40	0%	\$50	\$50
Rx Tier 4 (Brands)*	50%	50%	0%	50%	50%
Rx Tier 5 (Preferred specialty)*	20%	20%	0%	20%	20%
Rx Tier 6 (Specialty)*	50%	50%	0%	50%	50%

 = Deductible applies

 = Deductible waived for in-network care; out-of-network subject to out-of-network deductible

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network.

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold 2500	No-math plan	Silver 3500	Silver Essential 4500	Silver 7000	Bronze Essential 8500	No-math plan
		Gold Sustain 3800*					Bronze 9700
	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network
Deductible	\$2,500 / \$5,000	\$3,800 / \$4,000	\$3,500 / \$5,000	\$4,500 / \$5,000	\$7,000 / \$7,500	\$8,500 / \$10,000	\$9,700 / \$10,000
Out-of-pocket maximum	\$7,350 / \$10,000	\$3,800 / \$10,000	\$10,150 / \$12,000	\$9,000 / \$10,000	\$9,400 / \$12,000	\$10,500 / \$15,000	\$9,700 / \$15,000
Preventive care	Covered in full for in-network services						
Empower360 SM	3% discount on medical premium; up to \$150 for eligible employees and spouses/domestic partners						
Employee Assistance Program	Covered in full (4 counseling visits per incident)	8 visits per incident	Covered in full (4 counseling visits per incident)				
Behavioral health	\$30 / 50%	0% / 50%	\$40 / 50%	20% / 50%	\$40 / 50%	30% / 50%	0% / 50%
Virtual care	\$10 / 50%	0% / 50%	\$10 / 50%	Covered in full for in-network services	\$10 / 50%	Covered in full for in-network services	0% / 50%
Primary care provider	\$30 / 50%	0% / 50%	\$40 / 50%	\$40 for first 4 combined visits; then deductible and 20% / 50%	\$40 / 50%	\$40 for first 4 combined visits; then deductible and 30% / 50%	0% / 50%
Specialist	\$50 / 50%	0% / 50%	\$60 / 50%		\$60 / 50%		0% / 50%
Urgent care	\$50 / 50%	0% / 50%	\$60 / 50%		\$60 / 50%		0% / 50%
Maternity	30% / 50%	0% / 50%	35% / 50%	20% / 50%	50% / 50%	30% / 50%	0% / 50%
Inpatient hospital	30% / 50%	0% / 50%	35% / 50%	20% / 50%	50% / 50%	30% / 50%	0% / 50%
Outpatient surgery & services	30% / 50%	0% / 50%	35% / 50%	20% / 50%	50% / 50%	30% / 50%	0% / 50%
Outpatient lab & radiology	30% / 50%	0% / 50%	35% / 50%	20% / 50%	50% / 50%	30% / 50%	0% / 50%
Outpatient complex lab & imaging	30% / 50%	0% / 50%	35% / 50%	20% / 50%	50% / 50%	30% / 50%	0% / 50%
Outpatient rehab	\$30 / 50%	0% / 50%	\$40 / 50%	20% / 50%	\$40 / 50%	30% / 50%	0% / 50%
Emergency room**	\$300 then coinsurance	0%	\$400 then coinsurance	20%	\$400 then coinsurance	30%	0%
Hearing instruments & services: 1 instrument per ear every 36 months	0% / Covered in full out of network						
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or 1 pair of contacts per year at \$0 / 50%						
Pediatric dental up to age 19**	0% Preventive, 20% Basic, 50% Major						
Acupuncture (no limit) / spinal manipulation (10 visits per year)	\$30 / 50%	0% / 50%	\$40 / 50%	20% / 50%	\$40 / 50%	30% / 50%	0% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	30% / 50%	0% / 50%	35% / 50%	20% / 50%	50% / 50%	30% / 50%	0% / 50%
Optimum Value Medication List	N/A	N/A	N/A	N/A	N/A	N/A	Yes
Rx Tier 1 (Preferred generics)**	\$10	0%	\$20	\$10	\$20	\$10	0%
Rx Tier 2 (Generics)**	\$35	0%	\$35	\$35	\$35	\$35	0%
Rx Tier 3 (Preferred brands)**	\$50	0%	\$60	25%	\$60	25%	0%
Rx Tier 4 (Brands)**	50%	0%	50%	50%	50%	50%	0%
Rx Tier 5 (Preferred specialty)**	20%	0%	20%	20%	20%	20%	0%
Rx Tier 6 (Specialty)**	50%	0%	50%	50%	50%	50%	0%

 = Deductible applies

 = Deductible waived for in-network care; out-of-network subject to out-of-network deductible

*Gold Sustain 3800 is a sole plan offering, so it can't be quoted or sold with another plan.

**In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network.

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold HSA 1800	Silver HSA 3000	Silver HSA 3500	Silver HSA Embedded 3600	No-math plan Silver HSA 6000	Bronze HSA 6500
	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network	In network / Out of network
Deductible	\$1,800 / \$5,000	\$3,000 / \$5,000	\$3,500 / \$5,000	\$3,600 / \$5,000	\$6,000 / \$7,500	\$6,500 / \$10,000
Out-of-pocket maximum	\$4,800 / \$10,000	\$8,500 / \$12,000	\$8,100 / \$10,000	\$7,500 / \$10,000	\$6,000 / \$15,000	\$8,300 / \$15,000
Preventive care	Covered in full for in-network services					
Empower360 SM	3% discount on medical premium; up to \$150 for eligible employees and spouses/domestic partners					
Employee Assistance Program	Covered in full (4 counseling visits per incident)					
Behavioral health	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Virtual care	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Primary care provider	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Specialist	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Urgent care	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Maternity	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Inpatient hospital	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Outpatient surgery & services	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Outpatient lab & radiology	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Outpatient complex lab & imaging	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Outpatient rehab	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Emergency room*	20%	30%	20%	25%	0%	50%
Hearing instruments & services: 1 instrument per ear every 36 months	0% after the IRS Minimum Required Deductible of \$1,750 is met / 0% after full deductible is met					
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or 1 pair of contacts per year at \$0 / 50%					
Pediatric dental up to age 19*	0% Preventive, 20% Basic, 50% Major					
Acupuncture (no limit) / spinal manipulation (10 visits per year)	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	20% / 50%	30% / 50%	20% / 50%	25% / 50%	0% / 50%	50% / 50%
Optimum Value Medication List	Yes	Yes	Yes	Yes	Yes	Yes
Rx Tier 1 (Preferred generics)*	10%	10%	10%	10%	0%	50%
Rx Tier 2 (Generics)*	25%	25%	25%	25%	0%	50%
Rx Tier 3 (Preferred brands)*	25%	35%	35%	35%	0%	50%
Rx Tier 4 (Brands)*	50%	50%	50%	50%	0%	50%
Rx Tier 5 (Preferred specialty)*	20%	20%	20%	20%	0%	20%
Rx Tier 6 (Specialty)*	50%	50%	50%	50%	0%	50%

 = Deductible applies

 = Deductible waived

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network.