

<u>Plan</u>	<u>HMO Option 1</u>	<u>HMO Option 2</u>	<u>HDHP HSA Option 1</u>		<u>HDHP HSA Option 2</u>	
<u>Annual Deductible</u> <u>Individual / Family</u>	<u>\$6,000/\$12,000</u>	<u>\$2,000/\$4,000</u>	<u>\$6,000/\$10,000</u>	<u>\$6,000/\$12,000</u>	<u>\$3,300/\$6,600</u>	<u>\$6,000/\$12,000</u>
<u>Out-of-Pocket Maximum</u> <u>Individual / Family</u>	<u>\$7,000/\$14,000</u>	<u>\$6,000/\$12,000</u>	<u>\$8,300/\$16,600</u>	<u>Unlimited/Unlimited</u>	<u>\$6,900/\$13,800</u>	<u>Unlimited/Unlimited</u>
<u>Coinsurance</u>	<u>80%</u>	<u>80%</u>	<u>80%</u>	<u>50%</u>	<u>80%</u>	<u>50%</u>
<u>Annual Deductible</u> <u>PCP / Specialist</u> <u>Telemedicine</u>	<u>\$45 PCP copay; \$55 SCP copay</u>	<u>\$45 PCP copay; \$55 SCP copay</u>	<u>80%</u>	<u>50%</u>	<u>80%</u>	<u>50%</u>
<u>Urgent Care</u>	<u>\$100</u>	<u>\$100</u>	<u>80%</u>	<u>50%</u>	<u>80%</u>	<u>50%</u>
<u>Emergency Room</u>	<u>\$750 Copay</u>	<u>\$750 Copay</u>	<u>80% Allowable after ded. + \$750 copay</u>		<u>80% Allowable after ded. + \$750 copay</u>	
<u>Retail Pharmacy</u>						
<u>Deductible</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>Generic / Tier 1</u> <u>30-Day Supply</u>	<u>\$20 copay</u>	<u>\$20 copay</u>	<u>\$20 copay after deductible</u>	<u>\$20 copay plus 50% coinsurance after deductible</u>	<u>\$20 copay after deductible</u>	<u>\$20 copay plus 50% coinsurance after deductible</u>
<u>Brand / Tier 2 & 3</u> <u>Preferred / Non-Preferred</u>	<u>\$50 copay / \$80 copay</u>	<u>\$50 copay / \$80 copay</u>	<u>\$50 copay / \$80 copay after deductible</u>	<u>\$50/\$80 copay plus 50% coinsurance after deductible</u>	<u>\$50 copay / \$80 copay after deductible</u>	<u>\$50/\$80 copay plus 50% coinsurance after deductible</u>
<u>Specialty / Tier 4 & 5</u>	<u>\$150 copay</u>	<u>\$150 copay</u>	<u>\$150 copay after deductible</u>	<u>\$150 copay plus 50% coinsurance after deductible</u>	<u>\$150 copay after deductible</u>	<u>\$150 copay plus 50% coinsurance after deductible</u>
<u>Mail Order - Generic / Tier 1</u> <u>30-Day Supply</u>	<u>\$50 copay</u>	<u>\$50 copay</u>	<u>\$50 copay after deductible</u>	<u>Not Covered</u>	<u>\$50 copay after deductible</u>	<u>Not Covered</u>
<u>Mail Order - Brand / Tier 2 & 3</u> <u>Preferred / Non-Preferred</u>	<u>\$125 copay / \$200 copay</u>	<u>\$125 copay / \$200 copay</u>	<u>\$125 copay / \$200 copay after deductible</u>	<u>Not Covered</u>	<u>\$125 copay / \$200 copay after deductible</u>	<u>Not Covered</u>