



Review your plan coverage details

| Health Plan Coverage | Buy Up | | Doctor's Plan | | HDHP \$3,000 | |
|--|------------|-----------------|---------------|----------------|--------------|----------------|
| | In-Network | Out-of- Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductibles and Out-of-Pocket Limits | | | | | | |
| Deductible Amounts | | | | | | |
| Individual | \$1,500 | \$3,000 | \$1,000 | \$3,000 | \$3,200 | \$6,000 |
| Family | \$3,000 | \$6,000 | \$2,000 | \$6,000 | \$6,400 | \$12,000 |
| Out-of-Pocket Limits | | | | | | |
| Individual | \$3,500 | \$8,000 | \$3,500 | \$8,000 | \$6,400 | \$10,000 |
| Family | \$7,000 | \$16,000 | \$7,000 | \$16,000 | \$12,800 | \$20,000 |
| Medical Copays and Coinsurance | | | | | | |
| Doctors and Specialists | | | | | | |
| Preventative Care Visit | \$0 | 50%* | \$0 | 50%* | \$0 | 50%* |
| Primary Care Visit (Illness or Injury) | \$25 | 50%* | \$0 | 50%* | 20%* | 50%* |
| Virtual Visit (Online Doctor) | | | | | | |
| Urgent Care Visit | \$75 | 50%* | \$0 | 50%* | 20%* | 50%* |
| Specialist Visit | \$50 | 50%* | \$75 | 50%* | 20%* | 50%* |
| Lab and X-Ray | \$25 | 50%* | 20%* | 50%* | 20%* | 50%* |
| Major Diagnostic & Imaging | \$250 | 50%* | 20%* | 50%* | 20%* | 50%* |
| Emergency Care | | | | | | |
| Emergency Room | \$300 | \$300 | \$300 | \$300 | 20%* | 20%* |
| Emergency Transportation | 20%* | 20%* | 20%* | 20%* | 20%* | 20%* |
| Other Care | | | | | | |
| Mental Health Visit (Outpatient) | \$25 | 50%* | \$0 | 50%* | 20%* | 50%* |
| Mental Health Visit (Inpatient) | 20%* | 50%* | 20%* | 50%* | 20%* | 50%* |
| Surgery-Outpatient | 20%* | 50%* | 20%* | 50%* | 20%* | 50%* |
| Hospital-Inpatient Stay | 20%* | 50%* | 20%* | 50%* | 20%* | 50%* |
| Physician fees for surgical and medical services | 20%* | 50%* | 20%* | 50%* | 20%* | 50%* |

| Pharmacy Copays | Retail | Out-of- | Home Delivery | Retail | Out-of- | Home Delivery | Retail | Out-of- | Home Delivery |
|--------------------------|--------|---------|-----------------------|--------|---------|-----------------------|--------|---------|-----------------------|
| | | Network | (up to 90 day supply) | | Network | (up to 90 day supply) | | Network | (up to 90 day supply) |
| Prescription Type | | | | | | | | | |
| Tier Level 1 | \$5 | \$5 | \$12.50 | \$5 | \$5 | \$12.50 | \$5* | \$5* | \$12.5* |
| Tier Level 2 | \$40 | \$40 | \$100 | \$40 | \$40 | \$100 | \$40* | \$40* | \$100* |
| Tier Level 3 | \$105 | \$105 | \$262.50 | \$105 | \$105 | \$262.50 | \$105* | \$105* | \$262.5* |
| Tier Level 4 | \$250 | \$250 | \$625 | \$250 | \$250 | \$625 | \$250* | \$250* | \$625* |

*After the Deductible

**Tier Level 4 Pharmacy Copay Specialty Medications \$500

