

Health Maintenance Organization (HMO) Plans											
Metal Tier	You Pay (At Participating Providers) <sup>2</sup>										
	Individual Deductible <sup>1</sup>	Coinsurance	Individual Annual Max Out of Pocket <sup>1</sup>	PCP Visit	Teladoc Visit	Retail Clinic Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization
Gold	\$2,000	20%	\$3,850	\$35	No charge	\$10	\$70	\$350	20% after deductible		
Silver	\$3,750	30%	\$7,900	\$35	No charge	\$10	\$70	\$350	30% after deductible		
Silver	\$4,500	20%	\$7,900	\$35	No charge	\$10	\$70	\$350	20% after deductible		
Silver	\$7,000	0%	\$7,000	\$35	No charge	\$10	\$70	\$350	No charge after deductible		
Bronze	\$6,250	20%	\$7,900	20% after deductible							
Bronze	\$7,150	40%	\$7,900	40% after deductible							
Bronze	\$7,900	0%	\$7,900	No charge after deductible							
Catastrophic	\$7,900	0%	\$7,900	3 FREE PCP visits*	No charge after deductible						
<b>Gold Prescription Drugs:</b> Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$15; Preferred Brand: \$40; Non-Preferred Brand: \$70; Specialty Drugs: 30% coinsurance											
<b>Silver Prescription Drugs:</b> Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$500 deductible, then 40% coinsurance											
<b>Bronze 7150 Prescription Drugs:</b> Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$500 deductible, then 40% coinsurance											
<b>All Other Bronze/Catastrophic Prescription Drugs:</b> Preventive: \$0; All others: deductible and coinsurance											
*After 3 free PCP visits, subsequent PCP visits are subject to deductible.											

Health Maintenance Organization (HMO) High-Deductible Health Plans											
Metal Tier	You Pay (At Participating Providers) <sup>2</sup>										
	Individual Deductible <sup>1</sup>	Coinsurance	Individual Annual Max Out of Pocket <sup>1</sup>	PCP Visit	Teladoc Visit	Retail Clinic Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization
Silver	\$2,700	20%	\$6,750	20% after deductible							
Silver	\$4,000	0%	\$4,000	No charge after deductible							
Silver	\$5,000	0%	\$5,000	No charge after deductible							
Bronze	\$5,500	30%	\$6,750	30% after deductible							
Bronze	\$6,450	0%	\$6,450	No charge after deductible							
Bronze	\$6,750	0%	\$6,750	No charge after deductible							
<b>Prescription Drugs:</b> Preventive: \$0; All others: deductible and coinsurance											

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

<sup>1</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>2</sup>Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except some emergency services. Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.