

PLAN PROVISION	BASIC PLAN		PLUS PLAN		ULTRA PLAN		BRONZE PLAN		SILVER PLAN	
	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 (Individual Family)	\$5,000 \$10,000	\$10,000 \$20,000	\$1,200 \$2,400	\$2,400 \$4,800	\$500 \$1,000	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$500 \$1,000	\$1,000 \$2,000
Coinsurance (Plan Pays)	100%	100%	80%	20%	80%	20%	80%	60%	80%	60%
Maximum Out of Pocket (Individual Family)	\$5,000 \$10,000	\$10,000 \$20,000	\$6,000 \$12,000	\$12,000 \$24,000	\$4,500 \$9,000	\$9,000 \$18,000	\$3,000 \$6,000	\$6,000 \$12,000	\$2,000 \$4,000	\$4,000 \$8,000
PREVENTIVE CARE SERVICES										
ACA Preventive Services Schedule	\$0 Copay	100% after ded.	\$0 Copay	20% after ded.	\$0 Copay	20% after ded.	\$0 Copay	60% after ded.	\$0 Copay	60% after ded.
Adult Routine Physical Exam, Mammogram, GYN Exam and PSA	\$0 Copay	100% after ded.	\$0 Copay	20% after ded.	\$0 Copay	20% after ded.	\$0 Copay	Not Covered	\$0 Copay	Not Covered
PHYSICIAN SERVICES										
Primary Care Office Visit	\$15 Copay <i>(3 visits per year)</i>	100% after ded.	\$35 Copay	20% after ded.	\$25 Copay	20% after ded.	80% after ded.	60% after ded.	\$20 Copay	60% after ded.
Specialist Visit	\$15 Copay <i>(3 visits per year)</i>	100% after ded.	\$65 Copay	20% after ded.	\$50 Copay	20% after ded.	80% after ded.	60% after ded.	\$20 Copay	60% after ded.
Urgent Care Visit	\$50 Copay <i>(3 visits per year)</i>	100% after ded.	\$40 Copay	20% after ded.	\$40 Copay	20% after ded.	80% after ded.	60% after ded.	\$20 Copay	60% after ded.
Telemedicine Vendor Services	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable	\$0 Copay	Not Applicable
HOSPITAL/FACILITY SERVICES (Subject to Reference Based Pricing)										
Inpatient Hospital Services (RBP)	100% covered after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible	
Outpatient Hospital/ Freestanding Surgery (RBP)	100% covered after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible	
Anesthesia (RBP)	100% covered after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible	
Emergency Room (RBP)	\$1,000 Copay <i>(Hospital charges subject to ded. and coinsurance)</i>		\$500 Copay		\$500 Copay		80% after deductible		\$150 Copay	
OUTPATIENT DIAGNOSTIC SERVICES (Non-Hospital Based)										
Lab/X-Ray	100% after ded.	100% after ded.	80% after ded.	20% after ded.	80% after ded.	20% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Advanced Medical Imaging (RBP)	100% covered after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible	
PREGNANCY BENEFITS										
Professional Services	100% after ded.	100% after ded.	80% after ded.	20% after ded.	80% after ded.	20% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.
Maternity/Childbirth/Delivery	100% covered after deductible		80% after deductible		80% after deductible		80% after deductible		80% after deductible	
PRESCRIPTION DRUG PLAN										
Prescriptions										
ACA Preventive Drugs	\$0 Copay		\$0 Copay		\$0 Copay		\$0 Copay		\$0 Copay	
Non-Preventive Generic Drugs	\$5 Copay		\$5 Copay		\$5 Copay		\$15 Copay, after ded.		\$10 Copay	
Preferred Brand Drugs	Not Covered		80%		80%		\$50 Copay, after ded.		\$40 Copay	
Non-Preferred Brand Drugs	Not Covered		70% after deductible		70% after deductible		\$70 Copay, after ded.		\$80 Copay	
Specialty Drugs	Not Covered		Managed ¹		Managed ¹		Managed ¹		Managed ¹	
Automated Diabetic Supplies	80%		80%		80%		80%		80%	
VISION BENEFITS										
In-Office Comprehensive Vision Exams	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit	\$0 Copay	Up to \$35 benefit
Frame Discount (1 per 24 months)	800+ frames at \$20 member cost		800+ frames at \$20 member cost		800+ frames at \$20 member cost		800+ frames at \$20 member cost		800+ frames at \$20 member cost	
Contact Lens Discount (1 per 12 months)	Member cost at wholesale pricing		Member cost at wholesale pricing		Member cost at wholesale pricing		Member cost at wholesale pricing		Member cost at wholesale pricing	

¹ Specialty Rx support service assists members to access consumer resources, including Patient and Manufacturer Assistance Programs, to obtain medically necessary specialty drugs not otherwise covered under the plan.