

	1000+30_20 1000+30_30		1500+30_20 1500+30_30		2000+30_20 2000+30_30		2500+30_20 2500+30_30	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in full	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Lab / X-ray	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Chiropractic / Acupuncture 18 visits combined per benefit period	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Outpatient Surgery	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Emergency Services Copay waived if admitted	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%
Prescription (Rx) Drug Coverage	For prescription drug coverage, choose from two no-deductible options on copay-style plans. One option offers copays on all four tiers; a second option offers copays on Tiers 1 & 2, and 20% coinsurance on Tiers 3 & 4.							

*Not subject to deductible.

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	3000+30_20 3000+30_30		4000+30_20 4000+30_30		5000+30_20 5000+30_30		7000+30_20 7000+30_30	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$14,000 / \$28,000
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$12,000 / \$24,000	\$6,850 / \$13,700	\$13,700 / \$27,400	\$8,550 / \$17,100	\$17,100 / \$34,200
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in full	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Lab / X-ray	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%	No deductible up to \$400, then after deductible 20% or 30%	50%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Chiropractic / Acupuncture 18 visits combined per benefit period	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Outpatient Surgery	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%
Emergency Services Copay waived if admitted	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%	\$100 plus 20% or 30%
Prescription (Rx) Drug Coverage	For prescription drug coverage, choose from two no-deductible options on copay-style plans. One option offers copays on all four tiers; a second option offers copays on Tiers 1 & 2, and 20% coinsurance on Tiers 3 & 4.							

*Not subject to deductible.

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	HSA 1600_20+Rx Non-Embedded		HSA 3200_20+Rx		HSA 3200_50+Rx		HSA 3200+Rx	
	IN NETWORK	OUT OF NETWORK						
Deductible Individual / Family	\$1,600 / \$3,200	\$3,000 / \$6,000	\$3,200 / \$6,400	\$3,200 / \$6,400	\$3,200 / \$6,400	\$6,000 / \$12,000	\$3,200 / \$6,400	\$6,000 / \$12,000
Out-of-Pocket Maximum Individual / Family	\$4,500 / \$6,850	\$9,000 / \$13,700	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,350 / \$12,700	\$12,700 / 25,400	\$3,200 / \$6,400	\$12,000 / \$24,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:						
Preventive Services	Covered in full	75%	Covered in full	50%	Covered in full	75%	Covered in full	75%
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Telehealth	20%	75%	20%	50%	50%	75%	Covered in full	75%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	20%	75%	20%	50%	50%	75%	Covered in full	75%
Inpatient Hospital	20%	75%	20%	50%	50%	75%	Covered in full	75%
Lab / X-ray	20%	75%	20%	50%	50%	75%	Covered in full	75%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	20%	75%	20%	50%	50%	75%	Covered in full	75%
Chiropractic / Acupuncture 18 visits combined per benefit period	20%	75%	20%	50%	50%	75%	Covered in full	75%
Outpatient Surgery	20%	75%	20%	50%	50%	75%	Covered in full	75%
Emergency Services	20%	20%	20%	20%	50%	50%	Covered in full	Covered in full
Prescription (Rx) Drug Coverage	20%	90%	20%	90%	50%	90%	Covered in full	90%

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	HSA 4000+Rx		HSA 5000+Rx		HSA 7000+Rx	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$24,000 / \$48,000
Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$16,000 / \$32,000	\$5,000 / \$10,000	\$20,000 / \$40,000	\$7,000 / \$14,000	\$48,000 / \$96,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in full	75%	Covered in full	75%	Covered in full	75%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	Covered in full	75%	Covered in full	75%	Covered in full	75%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	Covered in full	75%	Covered in full	75%	Covered in full	75%
Inpatient Hospital	Covered in full	75%	Covered in full	75%	Covered in full	75%
Lab / X-ray	Covered in full	75%	Covered in full	75%	Covered in full	75%
Physical, Occupational, and Speech Therapy 30 visits per benefit period	Covered in full	75%	Covered in full	75%	Covered in full	75%
Chiropractic / Acupuncture 18 visits combined per benefit period	Covered in full	75%	Covered in full	75%	Covered in full	75%
Outpatient Surgery	Covered in full	75%	Covered in full	75%	Covered in full	75%
Emergency Services	Covered in full					
Prescription (Rx) Drug Coverage	Covered in full	90%	Covered in full	90%	Covered in full	90%

*Not subject to deductible.

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