



Benefit Plan Options

Plan Identification	I00500A	I00500B	I01000A	I01000B	I02500A	I02500B	I05000A	H05000A
Deductible (In-network/Out-network)	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000 (In/Out)
Coinsurance (In-network/Out-network)	80%/60%	80%/60%	80%/60%	80%/60%	100%/60%	80%/60%	80%/60%	100%/50%
Out of Pocket Max (In-network/Out-network) ¹	\$1,000/\$5,000	\$2,000/\$5,000	\$1,000/\$5,000	\$2,000/\$5,000	\$0/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$0/\$5,000
Lifetime Max	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
PCP/Specialist Office Visit	\$20/\$50 Copay	\$20/\$50 Copay	\$20/\$50 Copay	\$20/\$50 Copay	\$20/\$50 Copay	\$20/\$50 Copay	\$20/\$50 Copay	Ded/Coins
Emergency Room Visits	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	Ded/Coins
Inpatient Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Surgery Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins

¹Out-of-pocket maximum excludes the deductible

Prescription Drug Options

Standard Formulary Copay	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	Ded/Coins
Value Formulary Copay	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	Ded/Coins





Benefit Plan Options

Plan Identification	I00500C	I00500D	I01000C	I01000D	I02500C	I02500D	I05000B	H02500A
Deductible (In-network/Out-network)	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500 (In/Out)
Coinsurance (In-network/Out-network)	80%/60%	80%/60%	80%/60%	80%/60%	100%/60%	80%/60%	80%/60%	100%/50%
Out of Pocket Max (In-network/Out-network) ¹	\$1,000/\$5,000	\$2,000/\$5,000	\$1,000/\$5,000	\$2,000/\$5,000	\$0/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$0/\$5,000
Lifetime Max	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
PCP/Specialist Office Visit	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	Ded/Coins
Emergency Room Visits	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	Ded/Coins
Inpatient Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Surgery Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins

¹Out-of-pocket maximum excludes the deductible

Prescription Drug Options

Standard Formulary Copay	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	Ded/Coins
Value Formulary Copay	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	Ded/Coins





Benefit Plan Options

Plan Identification	I10000A	I15000A	I20000A	I25000A	I30000A	I35000A
Deductible (In-network/Out-network)	\$10,000/\$20,000	\$15,000/\$30,000	\$20,000/\$40,000	\$25,000/\$50,000	\$30,000/\$60,000	\$35,000/\$70,000
Coinsurance (In-network/Out-network)	100%/60%	100%/60%	100%/60%	100%/60%	100%/60%	100%/60%
Out of Pocket Max (In-network/Out-network) ¹	\$0/\$10,000	\$0/\$20,000	\$0/\$40,000	\$0/\$40,000	\$0/\$40,000	\$0/\$40,000
Lifetime Max	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
PCP/Specialist Office Visit	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay	\$30/\$50 Copay
Emergency Room Visits	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay
Inpatient Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Surgery Care	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins

¹Out-of-pocket maximum excludes the deductible

Prescription Drug Options

Standard Formulary Copay	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50
Value Formulary Copay	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50	\$10/\$50

