2023 Health Plan Offerings

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NEW Plans Effective 1.1.23

No Prescription Plans

Your Benefits and amount you pay after Deductible (except where noted)

Plan	$2,000 Deductible	$3,000 Deductible	$4,500 Deductible*	$5,500 Deductible	$6,750 Deductible*	$8,700 Deductible	$4,500 Deductible*	$6,750 Deductible*
Benefit	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Annual Deductible** · Individual · Family	 $2,000 $6,000	 $3,000 $7,150	 $4,500 $9,000	 $5,500 $11,000	 $6,750 $13,500	 $8,700 $17,400	 $4,500 $9,000	 $6,750 $13,500
Your Benefit Coinsurance & Out-of-Pocket maximum** · Individual · Family	Deductible and 20% $6,000 $12,000	Deductible and 25% $8,700 $17,400	Deductible and 20% $7,050 $14,100	Deductible and 25% $8,700 $17,400	Covered 100% after deductible $6,750 $13,500	Covered 100% after deductible $8,700 $17,400	Deductible and 20% $7,050 $14,100	Covered 100% after deductible $6,750 $13,500
Office Visits (Illness and Injury) · Primary Care · Specialist · Retail Health Clinic · Urgent Care · Virtual Visits	 $50 $80 $40 $80 Based on provider specialty *(deductible does not apply)*	 $50 $80 $40 $80 Based on provider specialty*(deductible does not apply)*	 20% 20% 20% 20% 20%	 25% 25% 25% 25% 25% *(First 3 PCP Visits Covered at 100%)*	Covered 100% after deductible	Covered 100% after deductible *(First 3 PCP Visits Covered at 100%)*	 20% 20% 20% 20% 20%	Covered 100% after deductible
Routine Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Hospital and Professional Services Inpatient, Outpatient, and Emergency Room	20%	25%	20%	25%	Covered at 100% after deductible	Covered at 100% after deductible	20%	Covered at 100% after deductible
Prescription Drugs **Retail** · Generic · Formulary · Non-formulary **Mail-Order** · Generic · Formulary · Non-formulary **Specialty (per script)**	 *31-Day Supply* $10 Copay $60 Copay $120 Copay *90-Day Supply* $25 Copay $150 Copay $300 Copay 30% Coinsurance	 *31-Day Supply* $10 Copay $60 Copay $120 Copay *90-Day Supply* $25 Copay $150 Copay $300 Copay 30% Coinsurance	*Preventive Drugs are covered at a Copay *Non-Preventive Drugs you pay Deductible, then 20%	 *31-Day Supply* $10 Copay 25% co-insurance 25% co-insurance *90-Day Supply* $25 Copay 25% co-insurance 25% co-insurance 25% co-insurance	*Preventive Drugs are covered at a Copay *Non-Preventive Drugs you pay Deductible, then all drugs are covered at 100%	 *31-Day Supply* $10 Copay Covered 100% after Ded Covered 100% after Ded *90-Day Supply* $25 Copay Covered 100% after Ded Covered 100% after Ded Covered 100% after Ded	- Discount Card - These plans offer a competitive option for groups and members that may not require prescription drug coverage. There will be a link to a discount card program provided, however, please note that prescription drugs are not covered under these plans and out of pocket costs for prescription drugs will not accumulate towards your Deductible or Out-of-Pocket maximum.	
Benefit	**Out-of-Network**							
Benefit Percentage & Out-of-Pocket Maximum**	*Deductible* : Individual $10,000 and Family $20,000 *Coinsurance Percentage* : 50% *Maximum Out-of-Pocket* : Unlimited							

*HSA Compatible Plan

** Embedded means, the Family Deductible and/or Family Maximum Out-of-Pocket must be satisfied by two or more covered lives. The Maximum Out-of-Pocket may be satisfied by any combination of Deductible, Coinsurance, and Copay charges.

This is a benefit summary only and does not outline all the benefits and exclusions under the plan. Please see the full legal plan document for details.

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