

Choosing Your Medical Plan Option

You can choose from six (6) different medical plan design options. Each option has a different annual deductible and out-of-pocket maximum. The table below and on the following page summarizes the six options and includes a partial list of covered services.

Plan Provision	Gold Plus Plan		Gold Plan		Silver Plus Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Employee Only	\$500	\$1,000	\$1,000	\$2,000	\$2,250	\$4,500
Employee + Spouse or Child(ren)	\$1,000	\$2,000	\$2,000	\$4,000	\$4,500	\$9,000
Family	\$1,500 ¹	\$3,000 ¹	\$3,000 ¹	\$6,000 ¹	\$4,500 ¹	\$9,000 ¹
Annual Medical Out-of-Pocket Maximum ²						
Employee Only	\$2,500	\$5,000	\$3,000	\$6,000	\$2,500	\$5,000
Employee + Spouse or Child(ren)	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000
Family	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000
Coinsurance Percentage	80%	60%	80%	60%	70%	60%
Office Visit	100% after \$10 copay	60% after deductible	100% after \$10 copay	60% after deductible	100% after \$20 copay	60% after deductible
Inpatient Admission	\$100 copay plus 80% after deductible	\$100 copay plus 60% after deductible	\$500 copay plus 80% after deductible	\$500 copay plus 60% after deductible	70% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	60% after deductible	80% after deductible	60% after deductible	70% after deductible	60% after deductible
Wellness Care	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
Emergency Room – Emergent Visit	Visits 1-3: 100% after \$100 copay ³ Visits 4+: 100% after \$200 copay ³		Visits 1-3: 100% after \$100 copay ³ Visits 4+: 100% after \$200 copay ³		Visits 1-3: 70% after deductible Visits 4+: 60% after deductible	
Emergency Room – Non-emergent Visit	Visits 1-3: 80% after deductible Visits 4+: 70% after deductible		Visits 1-3: 80% after deductible Visits 4+: 70% after deductible		Visits 1-3: 60% after deductible Visits 4+: 50% after deductible	
Prescription Drugs	See page 7		See page 7		See page 8	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	

¹ If an employee covers two or more dependents, the deductible is met when the aggregate of individual deductible amounts meets the family amount.

² The out-of-pocket maximum excludes the deductible amount.

³ The copay will be waived if the ER visit results in an inpatient hospital stay.

Not all options are available in all states. In-network benefits will be provided to participants residing in non-PPO states.

Take note: Pricing for out-of-network claims aligns with Medicare's pricing or allowance (not "usual and customary" charges).

Plan Provision	Silver Plan		Bronze Plus Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Employee Only	\$2,000	\$4,000	\$2,250	\$4,500	\$3,000	\$6,000
Employee + Spouse or Child(ren)	\$4,000	\$8,000	\$4,500 ⁴	\$9,000	\$6,000 ⁴	\$12,000
Family	\$4,000 ¹	\$8,000 ¹	\$4,500 ⁴	\$9,000	\$6,000 ⁴	\$12,000
Annual Medical Out-of-Pocket Maximum ²						
Employee Only	\$4,000	\$8,000	\$3,500	\$7,000	\$3,500	\$7,000
Employee + Spouse or Child(ren)	\$8,000	\$16,000	\$7,000 ⁴	\$14,000	\$7,000 ⁴	\$14,000
Family	\$8,000	\$16,000	\$7,000 ⁴	\$14,000	\$7,000 ⁴	\$14,000
Coinsurance Percentage	70%	50%	60%	50%	60%	50%
Office Visit	70% after deductible	50% after deductible	60% after deductible	50% after deductible	60% after deductible	50% after deductible
Inpatient Admission	70% after deductible	50% after deductible	60% after deductible	50% after deductible	60% after deductible	50% after deductible
Outpatient Surgery	70% after deductible	50% after deductible	60% after deductible	50% after deductible	60% after deductible	50% after deductible
Wellness Care	100%, no deductible	50% after deductible	100%, no deductible	50% after deductible	100%, no deductible	50% after deductible
Emergency Room – Emergent Visit	Visits 1-3: 70% after deductible Visits 4+: 60% after deductible		Visits 1-3: 60% after deductible Visits 4+: 50% after deductible		Visits 1-3: 60% after deductible Visits 4+: 50% after deductible	
Emergency Room – Non-emergent Visit	Visits 1-3: 60% after deductible Visits 4+: 50% after deductible		Visits 1-3: 50% after deductible Visits 4+: 50% after deductible		Visits 1-3: 50% after deductible Visits 4+: 50% after deductible	
Prescription Drugs	See page 8		Included in medical plan deductible and coinsurance		Included in medical plan deductible and coinsurance	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	

¹ If an employee covers two or more dependents, the deductible is met when the aggregate of individual deductible amounts meets the family amount.

² The out-of-pocket maximum excludes the deductible amount.

³ The copay will be waived if the ER visit results in an inpatient hospital stay.

⁴ The combined annual deductible and annual out-of-pocket maximum cannot exceed \$6,850 for any one family member.

Not all options are available in all states. In-network benefits will be provided to participants residing in non-PPO states.

Take note: Pricing for out-of-network claims aligns with Medicare's pricing or allowance (not "usual and customary" charges).

The Bronze Plus and Bronze plans are high deductible health plans that are compatible with a Health Savings Account (HSA).