









Plan Benefits	SG Silver HMO 4800	SG Silver HMO 5500	SG Silver HMO 6900	SG Silver HSA HMO 4300
<b>Medical Deductible</b> <i>Single/Family</i>	\$4,800 / \$9,600	\$5,500 / \$11,000	\$6,900 / \$13,800	\$4,300 / \$8,600
<b>Prescription Deductible</b> <i>Single/Family</i>	\$0	\$0	\$0	ACA Preventive Drugs: \$0 Tier 1-4 and Preferred diabetic test strips for blood glucose monitors: Integrated with Medical
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Adult PCP OV</b>	\$35 copay/visit	\$30 copay/visit	\$40 copay/visit	0% <sup>1</sup>
<b>Pediatric PCP OV</b> <i>(0 through the age of 18)</i>	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	0% <sup>1</sup>
<b>Specialist OV</b>	\$70 copay/visit	\$60 copay/visit	\$80 copay/visit	0% <sup>1</sup>
<b>Inpatient Services</b>	20% <sup>1</sup>	0% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>
<b>Outpatient Services</b>	20% <sup>1</sup>	0% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>
<b>Emergency Room</b>	\$750 copay/visit <sup>1</sup>	\$750 copay/visit <sup>1</sup>	\$750 copay/visit <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care</b>	\$70 copay/visit	\$60 copay/visit	\$80 copay/visit	0% <sup>1</sup>
<b>Diagnostic Test</b>	20% <sup>1</sup>	0% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>
<b>Imaging and Radiology</b>	20% <sup>1</sup>	0% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>
<b>Telehealth / Telemedicine</b> <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	The amount of the deductible or copayment may not exceed the amount of the deductible or copayment required for a comparable medical service provided through a face-to-face consultation.			
<b>Prescription Drugs</b>				
<i>ACA Preventive Drugs</i>	\$0	\$0	\$0	\$0
<i>Tier 1</i>	\$15	\$15	\$15	0% <sup>1</sup>
<i>Tier 2</i>	\$55	\$55	\$55	0% <sup>1</sup>
<i>Tier 3</i>	\$150	\$150	\$150	0% <sup>1</sup>
<i>Tier 4</i>	\$500	\$500	\$500	0% <sup>1</sup>
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$4,300 / \$8,600
<b>Plan ID</b>	26539TX0130010	26539TX0130033	26539TX0130034	26539TX0130015
<b>Summary of Benefits &amp; Coverage (SBC)</b>				
<b>Plan Documents</b>				

<sup>1</sup>After Medical Deductible