









Plan Benefits	HMO Bronze Coinsurance (\$6650)		HMO Bronze HSA (\$6650)	
	Select Network	Select Plus Network	Select Network	Select Plus Network
Medical Deductible <i>Single/Family</i>	\$6,650 / \$13,300		\$6,650 / \$13,300	
Medication Deductible <i>Single/Family</i>	<i>Integrated with Medical (Tiers III-IV only)</i>		<i>Integrated with Medical</i>	
Preventive Care Copay	No Cost		No Cost	
Adult Primary Care Visit Copay	\$35		0% ¹	
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	\$0		0% ¹	
Specialty Care Visit Copay	\$75		0% ¹	
Inpatient Copay	40% ¹		0% ¹	
Outpatient Copay	40% ¹		0% ¹	
Emergency Room Copay	40% ¹		0% ¹	
Urgent Care Copay	\$75		0% ¹	
Routine Lab/X-Ray Copay	40% ¹		0% ¹	
Imaging (MRI, CT, Scans) Copay	40% ¹		0% ¹	
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost		0% ¹	
Medication Copays:				
<i>Tier I</i>	\$0		0% ¹	
<i>Tier II</i>	\$35		0% ¹	
<i>Tier III</i>	35% ¹		0% ¹	
<i>Tier IV</i>	40% ¹		0% ¹	
<i>Tier V</i>	45% ¹		0% ¹	
Maximum Out-of-Pocket <i>Single/Family</i>	\$7,900 / \$15,800		\$6,650 / \$13,300	
Plan ID	26539TX0130021-00 26539TX0130022-00		26539TX0130007-00 26539TX0130014-00	
Summary of Benefits & Coverage (SBC)				
Plan Documents				

¹After Medical Deductible