



| Plan Benefits | PPO Bronze HSA (\$6650) |
|--|---|
| Medical Deductible <i>Single/Family</i> | \$6,650 / \$13,300 |
| Medication Deductible <i>Single/Family</i> | <i>Integrated with Medical</i> |
| Preventive Care Copay | No Cost |
| Adult Primary Care Visit Copay | 0% ¹ |
| Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i> | 0% ¹ |
| Specialty Care Visit Copay | 0% ¹ |
| Inpatient Copay | 0% ¹ |
| Outpatient Copay | 0% ¹ |
| Emergency Room Copay | 0% ¹ |
| Urgent Care Copay | 0% ¹ |
| Routine Lab/X-Ray Copay | 0% ¹ |
| Imaging (MRI, CT, Scans) Copay | 0% ¹ |
| Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i> | 0% ¹ |
| Medication Copays: | |
| <i>Tier I</i> | 0% ¹ |
| <i>Tier II</i> | 0% ¹ |
| <i>Tier III</i> | 0% ¹ |
| <i>Tier IV</i> | 0% ¹ |
| <i>Tier V</i> | 0% ¹ |
| Maximum Out-of-Pocket <i>Single/Family</i> | \$6,650 / \$13,300 |
| Plan ID | 41549TX0110011-00 |
| Summary of Benefits & Coverage (SBC) |  |
| Plan Documents |  |

¹After Medical Deductible