











Plan Benefits	PPO Silver Coinsurance (\$3800)	PPO Silver Coinsurance (\$4500)	PPO Silver Coinsurance (\$7500)	PPO Silver HSA (\$4000)	PPO Silver HSA (\$5400)
<b>Medical Deductible</b> <i>Single/Family</i>	\$3,800 / \$7,600	\$4,500 / \$9,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,400 / \$10,800
<b>Medication Deductible</b> <i>Single/Family</i>	\$0 / \$0	\$0 / \$0	\$0 / \$0	<i>Integrated with Medical</i>	<i>Integrated with Medical</i>
<b>Preventive Care Copay</b>	No Cost	No Cost	No Cost	No Cost	No Cost
<b>Adult Primary Care Visit Copay</b>	\$30	\$25	\$25	0% <sup>1</sup>	0% <sup>1</sup>
<b>Pediatric Primary Care Visit Copay</b> <i>(Ages 0-19)</i>	\$0	\$0	\$0	0% <sup>1</sup>	0% <sup>1</sup>
<b>Specialty Care Visit Copay</b>	\$60	\$50	\$50	0% <sup>1</sup>	0% <sup>1</sup>
<b>Inpatient Copay</b>	30% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Outpatient Copay</b>	30% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Emergency Room Copay</b>	\$500 <sup>1</sup>	\$500 <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care Copay</b>	\$50	\$50	\$50	0% <sup>1</sup>	0% <sup>1</sup>
<b>Routine Lab/X-Ray Copay</b>	30% <sup>1</sup>	20% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Imaging (MRI, CT, Scans) Copay</b>	\$250 per test <sup>1</sup>	\$250 per test <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Telehealth</b> <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost	No Cost	No Cost	0% <sup>1</sup>	0% <sup>1</sup>
<b>Medication Copays:</b>					
<i>Tier I</i>	\$0	\$0	\$0	0% <sup>1</sup>	0% <sup>1</sup>
<i>Tier II</i>	\$20	\$20	\$20	0% <sup>1</sup>	0% <sup>1</sup>
<i>Tier III</i>	\$50	\$50	\$50	0% <sup>1</sup>	0% <sup>1</sup>
<i>Tier IV</i>	\$125	\$125	\$125	0% <sup>1</sup>	0% <sup>1</sup>
<i>Tier V</i>	40%	40%	40%	0% <sup>1</sup>	0% <sup>1</sup>
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,400 / \$10,800
<b>Plan ID</b>	41549TX0110001-00	41549TX0110003-00	41549TX0110009-00	41549TX0110002-00	41549TX0110010-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>					
<b>Plan Documents</b>					

<sup>1</sup>After Medical Deductible