











Plan Benefits	SG Gold HMO 0	SG Gold HMO 1700	SG Gold HMO 2100	SG Gold HMO 3500	SG Gold HSA HMO 3200
Medical Deductible <i>Single/Family</i>	\$0 / \$0	\$1,700 / \$3,400	\$2,100 / \$4,200	\$3,500 / \$7,000	\$3,200 / \$6,400
Prescription Deductible <i>Single/Family</i>	\$0	\$0	\$0	\$0	ACA Preventive Drugs: \$0 Tier 1-4 and Preferred diabetic test strips for blood glucose monitors: Integrated with Medical
Preventive Care	No charge	No charge	No charge	No charge	No charge
Adult PCP OV	\$40 copay/visit	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	0% ¹
Pediatric PCP OV <i>(0 through the age of 18)</i>	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	0% ¹
Specialist OV	\$80 copay/visit	\$50 copay/visit	\$60 copay/visit	\$60 copay/visit	0% ¹
Inpatient Services	20%	0% ¹	0% ¹	0% ¹	0% ¹
Outpatient Services	20%	0% ¹	0% ¹	0% ¹	0% ¹
Emergency Room	\$750 copay/visit	\$750 copay/visit ¹	\$750 copay/visit ¹	\$750 copay/visit ¹	0% ¹
Urgent Care	\$80 copay/visit	\$50 copay/visit	\$60 copay/visit	\$60 copay/visit	0% ¹
Diagnostic Test	20%	0% ¹	0% ¹	0% ¹	0% ¹
Imaging and Radiology	20%	0% ¹	0% ¹	0% ¹	0% ¹
Telehealth / Telemedicine <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.				
Prescription Drugs					
<i>ACA Preventive Drugs</i>	\$0	\$0	\$0	\$0	\$0
<i>Tier 1</i>	\$15	\$15	\$15	\$15	0% ¹
<i>Tier 2</i>	\$55	\$55	\$55	\$55	0% ¹
<i>Tier 3</i>	\$150	\$150	\$150	\$150	0% ¹
<i>Tier 4</i>	\$500	\$500	\$500	\$500	0% ¹
Formulary	Click here	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket <i>Single/Family</i>	\$8,150 / \$16,300	\$5,000 / \$10,000	\$6,500 / \$13,000	\$7,900 / \$15,800	\$3,200 / \$6,400
Plan ID	26539TX0130009	26539TX0130008	26539TX0130031	26539TX0130032	26539TX0130030
Summary of Benefits & Coverage (SBC)					
Plan Documents					

¹After Medical Deductible