





| Plan Benefits | IND Bronze HMO 7500 | IND Bronze HSA HMO 6750 |
|--|---|---|
| Medical Deductible <i>Single/Family</i> | \$7,500 / \$15,000 | \$6,750 / \$13,500 |
| Medication Deductible <i>Single/Family</i> | \$0 for ACA Preventative and Tier I Tiers II-IV are Integrated with Medical | Integrated with Medical |
| Preventive Care Copay | No Cost | No Cost |
| Adult Primary Care Visit Copay | \$30 | 0% ¹ |
| Pediatric Primary Care Visit Copay <i>(Ages 0-18)</i> | \$0 | 0% ¹ |
| Specialty Care Visit Copay | \$75 | 0% ¹ |
| Inpatient Copay | 20% ¹ | 0% ¹ |
| Outpatient Copay | 20% ¹ | 0% ¹ |
| Emergency Room Copay | 20% ¹ | 0% ¹ |
| Urgent Care Copay | \$75 | 0% ¹ |
| Routine Lab/X-Ray Copay | 20% ¹ | 0% ¹ |
| Imaging (MRI, CT, Scans) Copay | 20% ¹ | 0% ¹ |
| Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i> | No Cost | 0% ¹ |
| Medication Copays: | | |
| <i>ACA Preventative Drugs</i> | \$0 | \$0 |
| <i>Tier I</i> | \$25 | 0% ¹ |
| <i>Tier II</i> | \$55 | 0% ¹ |
| <i>Tier III</i> | \$150 | 0% ¹ |
| <i>Tier IV</i> | \$500 | 0% ¹ |
| Formulary | Click here | Click here |
| Compare Medication Costs | Link available soon | Link available soon |
| Maximum Out-of-Pocket <i>Single/Family</i> | \$8,150 / \$16,300 | \$6,750 / \$13,500 |
| Plan ID | 26539TX0140009-00 | 26539TX0140006-00 |
| Summary of Benefits & Coverage (SBC) |  |  |
| Plan Documents |  |  |

¹After Medical Deductible