









Plan Benefits	SG Bronze PPO 7200	SG Bronze PPO 7900	SG Bronze PPO 8150	SG Bronze HSA PPO 6750
Medical Deductible <i>Single/Family</i>	\$7,200 / \$14,400	\$7,900 / \$15,800	\$8,150 / \$16,300	\$6,750 / \$13,500
Prescription Deductible <i>Single/Family</i>	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and Preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and Preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs: \$0 Tier 1-4 and Preferred diabetic test strips for blood glucose monitors: Integrated with Medical	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
Adult PCP OV	\$40 copay/visit	\$40 copay/1st visit, then 0% ¹ for subsequent visits	\$40 copay/1st visit, then 0% ¹ for subsequent visits	0% ¹
Pediatric PCP OV <i>(0 through the age of 18)</i>	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	0% ¹
Specialist OV	\$80 copay/visit	0% ¹	0% ¹	0% ¹
Inpatient Services	20% ¹	0% ¹	0% ¹	0% ¹
Outpatient Services	20% ¹	0% ¹	0% ¹	0% ¹
Emergency Room	20% ¹	0% ¹	0% ¹	0% ¹
Urgent Care	\$80 copay/visit	0% ¹	0% ¹	0% ¹
Diagnostic Test	20% ¹	0% ¹	0% ¹	0% ¹
Imaging and Radiology	20% 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, copayment or coinsurance may not exceed the amount of the deductible, copayment or coinsurance required for a comparable medical service provided through a face-to-face consultation.			
Prescription Drugs				
<i>ACA Preventive Drugs</i>	\$0	\$0	\$0	\$0
<i>Tier 1</i>	\$15	\$15	0% ¹	0% ¹
<i>Tier 2</i>	\$55 ¹	\$55 ¹	0% ¹	0% ¹
<i>Tier 3</i>	\$150 ¹	\$150 ¹	0% ¹	0% ¹
<i>Tier 4</i>	\$500 ¹	\$500 ¹	0% ¹	0% ¹
Formulary	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket <i>Single/Family</i>	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,750 / \$13,500
Plan ID	41549TX0110017	41549TX0110018	41549TX0110019	41549TX0110011
Summary of Benefits & Coverage (SBC)				
Plan Documents				

¹After Medical Deductible