

Plan Benefits	SG Gold PPO 1700	SG Gold PPO 2100	SG Gold PPO 3500	SG Gold HSA PPO 3200
<b>Medical Deductible</b> <i>Single/Family</i>	\$1,700 / \$3,400	\$2,100 / \$4,200	\$3,500 / \$7,000	\$3,200 / \$6,400
<b>Prescription Deductible</b> <i>Single/Family</i>	\$0	\$0	\$0	ACA Preventive Drugs: \$0 Tier 1-4 and Preferred diabetic test strips for blood glucose monitors: Integrated with Medical
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Adult PCP OV</b>	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	0% <sup>1</sup>
<b>Pediatric PCP OV</b> <i>(0 through the age of 18)</i>	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	0% <sup>1</sup>
<b>Specialist OV</b>	\$50 copay/visit	\$60 copay/visit	\$60 copay/visit	0% <sup>1</sup>
<b>Inpatient Services</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Outpatient Services</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Emergency Room</b>	\$750 copay/visit <sup>1</sup>	\$750 copay/visit <sup>1</sup>	\$750 copay/visit <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care</b>	\$50 copay/visit	\$60 copay/visit	\$60 copay/visit	0% <sup>1</sup>
<b>Diagnostic Test</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Imaging and Radiology</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Telehealth / Telemedicine</b> <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.			
<b>Prescription Drugs</b>				
<i>ACA Preventive Drugs</i>	\$0	\$0	\$0	\$0
<i>Tier 1</i>	\$15	\$15	\$15	0% <sup>1</sup>
<i>Tier 2</i>	\$55	\$55	\$55	0% <sup>1</sup>
<i>Tier 3</i>	\$150	\$150	\$150	0% <sup>1</sup>
<i>Tier 4</i>	\$500	\$500	\$500	0% <sup>1</sup>
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$5,000 / \$10,000	\$6,500 / \$13,000	\$7,900 / \$15,800	\$3,200 / \$6,400
<b>Plan ID</b>	41549TX0110012	41549TX0110013	41549TX0110014	41549TX0110008
<b>Summary of Benefits &amp; Coverage (SBC)</b>				
<b>Plan Documents</b>				

<sup>1</sup>After Medical Deductible