





Plan Benefits	PPO Gold Coinsurance (\$4400)	PPO Gold HSA (\$3000)
Medical Deductible <i>Single/Family</i>	\$4,400/ \$8,800	\$3,000 / \$6,000
Medication Deductible <i>Single/Family</i>	\$0 / \$0	<i>Integrated with Medical</i>
Preventive Care Copay	No Cost	No Cost
Adult Primary Care Visit Copay	\$25	0% ¹
Pediatric Primary Care Visit Copay (Ages 0-19)	No Cost	0% ¹
Specialty Care Visit Copay	\$50	0% ¹
Inpatient Copay	0% ¹	0% ¹
Outpatient Copay	0% ¹	0% ¹
Emergency Room Copay	0% ¹	0% ¹
Urgent Care Copay	\$50	0% ¹
Routine Lab/X-Ray Copay	0% ¹	0% ¹
Imaging (MRI, CT, Scans) Copay	0% ¹	0% ¹
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost	0% ¹
Medication Copays:		
<i>Tier I</i>	\$0	0% ¹
<i>Tier II</i>	\$20	0% ¹
<i>Tier III</i>	\$50	0% ¹
<i>Tier IV</i>	\$125	0% ¹
<i>Tier V</i>	30%	0% ¹
Maximum Out-of-Pocket <i>Single/Family</i>	\$4,400/ \$8,800	\$3,000 / \$6,000
Plan ID	41549TX0110007-00	41549TX0110008-00
Summary of Benefits & Coverage (SBC)		
Plan Documents		

¹After Medical Deductible