











Plan Benefits	PPO Silver Coinsurance (\$3800)	PPO Silver Coinsurance (\$4500)	PPO Silver Coinsurance (\$7500)	PPO Silver HSA (\$4000)	PPO Silver HSA (\$5400)
Medical Deductible <i>Single/Family</i>	\$3,800 / \$7,600	\$4,500 / \$9,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,400 / \$10,800
Medication Deductible <i>Single/Family</i>	\$0 / \$0	\$0 / \$0	\$0 / \$0	<i>Integrated with Medical</i>	<i>Integrated with Medical</i>
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost	No Cost
Adult Primary Care Visit Copay	\$30	\$25	\$25	0% ¹	0% ¹
Pediatric Primary Care Visit Copay (Ages 0-19)	\$0	\$0	\$0	0% ¹	0% ¹
Specialty Care Visit Copay	\$60	\$50	\$50	0% ¹	0% ¹
Inpatient Copay	30% ¹	20% ¹	0% ¹	0% ¹	0% ¹
Outpatient Copay	30% ¹	20% ¹	0% ¹	0% ¹	0% ¹
Emergency Room Copay	\$500 ¹	\$500 ¹	0% ¹	0% ¹	0% ¹
Urgent Care Copay	\$50	\$50	\$50	0% ¹	0% ¹
Routine Lab/X-Ray Copay	30% ¹	20% ¹	0% ¹	0% ¹	0% ¹
Imaging (MRI, CT, Scans) Copay	\$250 per test ¹	\$250 per test ¹	0% ¹	0% ¹	0% ¹
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost	No Cost	No Cost	0% ¹	0% ¹
Medication Copays:					
<i>Tier I</i>	\$0	\$0	\$0	0% ¹	0% ¹
<i>Tier II</i>	\$20	\$20	\$20	0% ¹	0% ¹
<i>Tier III</i>	\$50	\$50	\$50	0% ¹	0% ¹
<i>Tier IV</i>	\$125	\$125	\$125	0% ¹	0% ¹
<i>Tier V</i>	40%	40%	40%	0% ¹	0% ¹
Maximum Out-of-Pocket <i>Single/Family</i>	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,400 / \$10,800
Plan ID	41549TX0110001-00	41549TX0110003-00	41549TX0110009-00	41549TX0110002-00	41549TX0110010-00
Summary of Benefits & Coverage (SBC)					
Plan Documents					

¹After Medical Deductible

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