

Plan Benefits	PPO Bronze HSA 6650
Medical Deductible <i>Single/Family</i>	\$6,550 / \$13,100
Medication Deductible <i>Single/Family</i>	<i>Integrated with Medical</i>
Preventive Care Copay	No Cost
Adult Primary Care Visit Copay	0% ¹
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	0% ¹
Specialty Care Visit Copay	0% ¹
Inpatient Copay	0% ¹
Outpatient Copay	0% ¹
Emergency Room Copay	0% ¹
Urgent Care Copay	0% ¹
Routine Lab/X-Ray Copay	0% ¹
Imaging (MRI, CT, Scans) Copay	0% ¹
Medication Copays:	
<i>Tier I</i>	0% ¹
<i>Tier II</i>	0% ¹
<i>Tier III</i>	0% ¹
<i>Tier IV</i>	0% ¹
<i>Tier V</i>	0% ¹
Maximum Out-of-Pocket <i>Single/Family</i>	\$6,550 / \$13,100
Plan ID	41549TX0110011-00
Summary of Benefits & Coverage (SBC)	
Plan Documents	

¹After Medical Deductible

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