

Plan Benefits	HMO Bronze Coinsurance (\$6650)	HMO Bronze HSA (\$6650)
<b>Medical Deductible</b> <i>Single/Family</i>	\$6,650 / \$13,300	\$6,650 / \$13,300
<b>Medication Deductible</b> <i>Single/Family</i>	<i>Integrated with Medical (Tiers III-IV only)</i>	<i>Integrated with Medical</i>
<b>Preventive Care Copay</b>	No Cost	No Cost
<b>Adult Primary Care Visit Copay</b>	\$35	0% <sup>1</sup>
<b>Pediatric Primary Care Visit Copay</b> <i>(Ages 0-19)</i>	\$0	0% <sup>1</sup>
<b>Specialty Care Visit Copay</b>	\$75	0% <sup>1</sup>
<b>Inpatient Copay</b>	40% <sup>1</sup>	0% <sup>1</sup>
<b>Outpatient Copay</b>	40% <sup>1</sup>	0% <sup>1</sup>
<b>Emergency Room Copay</b>	40% <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care Copay</b>	\$75	0% <sup>1</sup>
<b>Routine Lab/X-Ray Copay</b>	40% <sup>1</sup>	0% <sup>1</sup>
<b>Imaging (MRI, CT, Scans) Copay</b>	40% <sup>1</sup>	0% <sup>1</sup>
<b>Telehealth</b> <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost	0% <sup>1</sup>
<b>Medication Copays:</b>		
<i>Tier I</i>	\$0	0% <sup>1</sup>
<i>Tier II</i>	\$35	0% <sup>1</sup>
<i>Tier III</i>	35% <sup>1</sup>	0% <sup>1</sup>
<i>Tier IV</i>	40% <sup>1</sup>	0% <sup>1</sup>
<i>Tier V</i>	45% <sup>1</sup>	0% <sup>1</sup>
<b>Formulary</b>	<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>
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$7,900 / \$15,800	\$6,650 / \$13,300
<b>Plan ID</b>	26539TX0140009-00	26539TX0140006-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>		
<b>Plan Documents</b>		

<sup>1</sup>After Medical Deductible