





| Plan Benefits  | HMO Gold<br>Coinsurance (\$1950)  | HMO Gold<br>Copay (\$0)   |
|--|---|---|
| <b>Medical Deductible</b><br><i>Single/Family</i>  | \$1,950 / \$3,900   | \$0 / \$0   |
| <b>Medication Deductible</b><br><i>Single/Family</i>                                     | \$0 / \$0   | \$0 / \$0   |
| <b>Preventive Care Copay</b>   | No Cost   | No Cost   |
| <b>Adult Primary Care Visit Copay</b>  | \$30  | \$30  |
| <b>Pediatric Primary Care Visit Copay</b><br><i>(Ages 0-19)</i>                          | \$0   | \$0   |
| <b>Specialty Care Visit Copay</b>  | \$50  | \$50  |
| <b>Inpatient Copay</b>   | 20% <sup>1</sup>  | \$700 per day not to exceed \$3,500 per stay  |
| <b>Outpatient Copay</b>  | 20% <sup>1</sup>  | \$600   |
| <b>Emergency Room Copay</b>  | \$500 <sup>1</sup>  | \$500   |
| <b>Urgent Care Copay</b>   | \$50  | \$50  |
| <b>Routine Lab/X-Ray Copay</b>   | 20% <sup>1</sup>  | 20%   |
| <b>Imaging (MRI, CT, Scans) Copay</b>  | \$250 per test <sup>1</sup>   | \$250 per test  |
| <b>Telehealth</b><br><i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i> | No Cost   | No Cost   |
| <b>Medication Copays:</b>  |   |   |
| <i>Tier I</i>  | \$0   | \$0   |
| <i>Tier II</i>   | \$20  | \$20  |
| <i>Tier III</i>  | \$50  | \$50  |
| <i>Tier IV</i>   | \$125   | \$125   |
| <i>Tier V</i>  | 30%   | 30%   |
| <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><br><i>Single/Family</i>                                     | \$6,600 / \$13,200  | \$7,900 / \$15,800  |
| <b>Plan ID</b>   | 26539TX0140001-01   | 26539TX0140002-00   |
| <b>Summary of Benefits &amp; Coverage (SBC)</b>  |  |  |
| <b>Plan Documents</b>  |  |  |

<sup>1</sup>After Medical Deductible