

Plan Benefits	PPO Gold Coinsurance 4300	PPO Gold HSA 2800
<b>Medical Deductible</b> <i>Single/Family</i>	\$4,300/ \$8,600	\$2,800 / \$5,600
<b>Medication Deductible</b> <i>Single/Family</i>	\$0 / \$0	<i>Integrated with Medical</i>
<b>Preventive Care Copay</b>	No Cost	No Cost
<b>Adult Primary Care Visit Copay</b>	\$25	0% <sup>1</sup>
<b>Pediatric Primary Care Visit Copay (Ages 0-19)</b>	No Cost	0% <sup>1</sup>
<b>Specialty Care Visit Copay</b>	\$50	0% <sup>1</sup>
<b>Inpatient Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Outpatient Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Emergency Room Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care Copay</b>	\$50	0% <sup>1</sup>
<b>Routine Lab/X-Ray Copay</b>	No Cost	0% <sup>1</sup>
<b>Imaging (MRI, CT, Scans) Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Medication Copays:</b>		
<i>Tier I</i>	\$0	0% <sup>1</sup>
<i>Tier II</i>	\$20	0% <sup>1</sup>
<i>Tier III</i>	\$50	0% <sup>1</sup>
<i>Tier IV</i>	\$100	0% <sup>1</sup>
<i>Tier V</i>	30%	0% <sup>1</sup>
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$4,300 / \$8,600	\$2,800 / \$5,600
<b>Plan ID</b>	41549TX0110007-00	41549TX0110008-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>		
<b>Plan Documents</b>		

<sup>1</sup>After Medical Deductible

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