



2025 LARGE GROUP PLANS



SIHO SMART

Experience **refined** solutions, **responsive** management, and **reliable** healthcare access with SIHO Insurance Services.



TruConnect



OneCare

7 Employer Clinic locations



SIH
NETWORK *Plus*

1 Employer Clinic location



Community
Health Direct

9 Employer Clinic locations



SAPPHIRE
BY Riverview Health AT WORK



UNION
HEALTH
AN INTEGRATED HEALTH PLAN



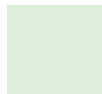
Good Samaritan
Direct Health

1 Employer Clinic location



PARKVIEW
SELECT CARE

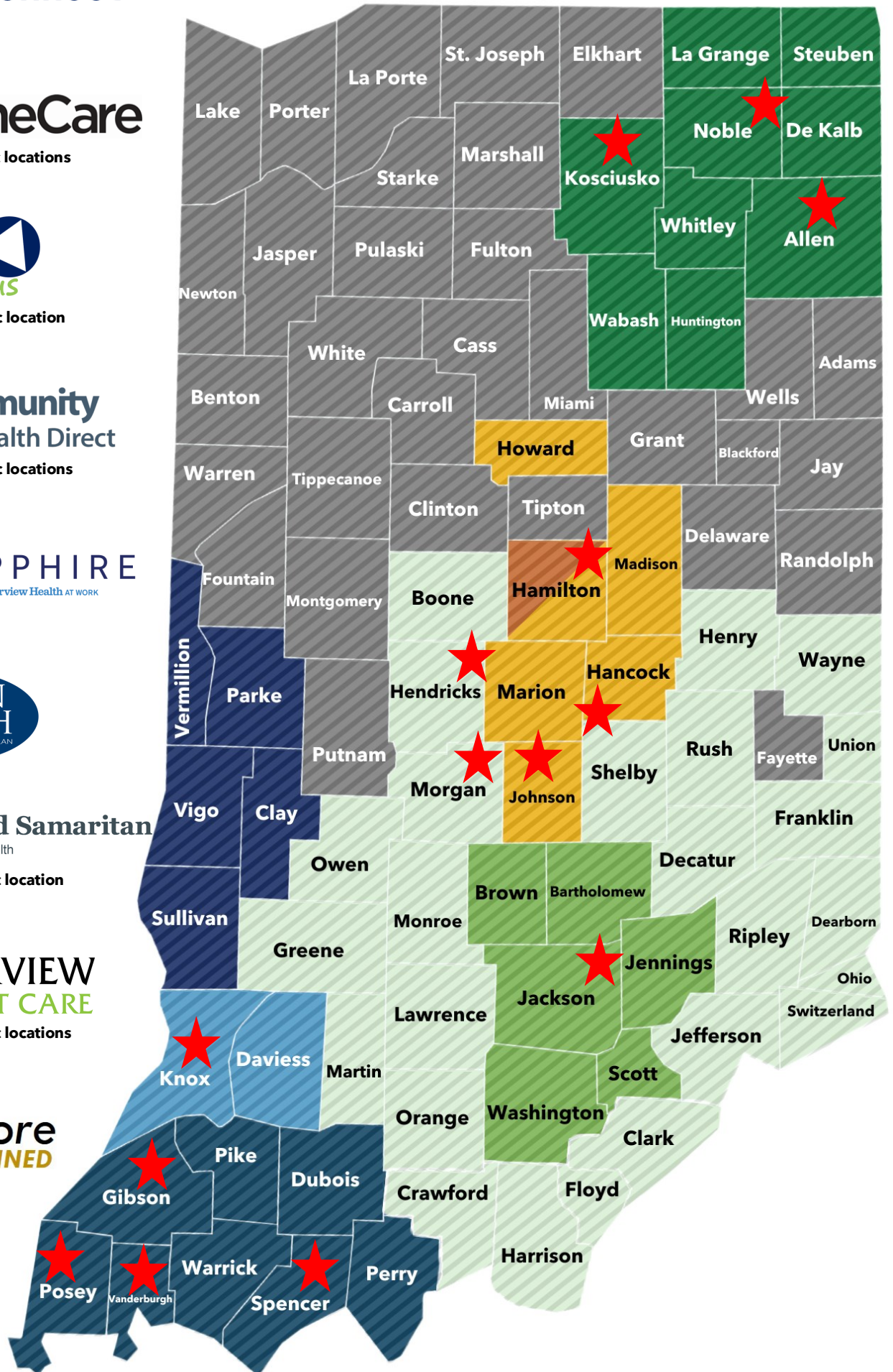
3 Employer Clinic locations



encore
COMBINED







Employer
Clinic
Location




CHOOSE YOUR NETWORK

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STANDARD PLAN OPTIONS

Plan Type & Deductible	TruConnect		OneCare *		SIHO Plus * *		Community Health *		Sapphire by Riverview Health		Union Health- An Integrated Health Plan		Good Samaritan Direct Health * *		Parkview Select Care *		Encore Combined	
	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier
PPO 500																	✓	✓
PPO 1000	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
PPO 1500																	✓	✓
PPO 2000	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
PPO 2500	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
PPO 3000	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
PPO 3500																	✓	✓
PPO 4000				✓		✓		✓		✓		✓		✓		✓		
PPO 5000	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
HSA 3300	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
HSA 3500																	✓	✓
HSA 5000	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓
HSA 6500	✓		✓	✓	✓	✓	✓	✓		✓		✓		✓		✓	✓	✓

 = Employer Clinic Included (Clinic details included where applicable)

 = Chamber Endorsed Plan

VOLUNTARY DENTAL OPTIONS

Offered through Health Resources Inc. | HRI Network

Services	Paramount	Preferred	Standard	Value
Calendar Year Deductible	NONE	NONE	NONE	NONE
Plan Year Benefit	\$1,500	\$1,250	\$1,000	\$750
Lifetime Orthodontia Maximum	\$1,000	\$1,250	\$1,000	N/A
Preventive Services <ul style="list-style-type: none"> Oral Exam (once every 6 months) Routine Cleanings (once every 6 months) Fluoride Treatment for Children up to age 14 (once every 6 months) Space Maintainers for Children Topical Sealants for Children up to age 15 	100%	100%	100%	100%
Diagnostic Services <ul style="list-style-type: none"> Bitewing X-Rays (once every year) Full Mouth (one every 4 years) 	100%	100%	80%	60%
Diagnostic Services <ul style="list-style-type: none"> Amalgam, Silicate & Composite Fillings Simple Extractions Repairs of dentures, bridgework, and crowns Endodontic Therapy (Paramount and Preferred Plans only)	80%	80%	60%	50%
Major Services <ul style="list-style-type: none"> Oral Surgery & Complex Extractions Periodontal Therapy Endodontic Therapy (Standard and Value Plans only) <ul style="list-style-type: none"> Full & Partial Dentures Implants as an Alternate Procedure (Covered at 50% on all plans) <ul style="list-style-type: none"> Crowns Bridges 	50%	80%	50%	50%
Orthodontia (for children under age 19)	50%	50%	50%	Not Covered
Employee Only:	\$34.29	\$35.17	\$29.91	\$27.08
Employee + Spouse:	\$72.01	\$73.88	\$62.79	\$56.86
Employee + Child(ren):	\$89.98	\$92.26	\$78.43	\$71.00
Employee + Family:	\$126.50	\$129.82	\$110.35	\$99.90

Minimum of 2 employees to offer. Rates effective 12/1/24.

Disclaimer: The rates noted on this page may be subject to change.

For more information on the dental plan including QON benefits, please contact sales.quotes@siho.org.

VOLUNTARY VISION OPTIONS

Offered through EyeMed Vision | Insight Network

Services	12/12 Plan	12/24 Plan
Eye Exam Frequency	Once every 12 Months	Once every 12 Months
Eye Exam Copay	\$10	\$10
Eyeglass Lens Frequency	Once every 12 Months	Once every 12 Months
Eyeglass Lens Copay	\$25 Additional charge for Progressive	\$25 Additional charge for Progressive
Eyeglass Frame Frequency	Once every 12 Months	Once every 24 Months
Eyeglass Frame Allowance	\$180 - 20% off balance over the \$180	\$150 - 20% off balance over the \$150
Eyeglass Frame Copay	\$0	\$0
Contact Lens Frequency	Once every 12 Months	Once every 12 Months
Contact Lens Allowance	\$180	\$150
Contact Lens Copay	\$0 - 15% off balance over the \$180	\$0 - 15% off balance over the \$150
Network	EyeMed	EyeMed
Employee Only:	\$9.62	\$6.30
Employee + Spouse:	\$18.28	\$11.97
Employee + Child(ren):	\$19.24	\$12.60
Employee + Family:	\$28.28	\$18.52

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS
♥ 👁

PEARLE
VISION

OPTICAL

sears
OPTICAL

Minimum of 2 employees to offer.

Disclaimer: The rates noted on this page will be subject to change.

For more information on the dental plan including OON benefits, please contact sales.quotes@siho.org.

Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%
Annual Single Deductible	\$1,000	\$2,000
Annual Family Deductible	\$2,000	\$4,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000
PCP Office Visit	\$25	\$25
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250
Urgent Care Facility	\$40	\$40
Ambulance	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25
Skilled Nursing Facility /LTACH (45 Day Maximum)	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 Day Maximum)	Ded, 20%	Ded, 20%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%
Out of Network:		
Annual Single Deductible	\$4,000	\$8,000
Annual Family Deductible	\$8,000	\$16,000
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$10	\$10
Brand Name Formulary	\$30	\$40
Brand Name Non-Formulary	\$45	\$60
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Two Tier Plans



	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Annual Single Deductible	\$2,500	\$3,000
Annual Family Deductible	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$11,000	\$12,000
PCP Office Visit	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$50	\$50
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%
Emergency Room	\$350	\$350
Urgent Care Facility	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$30	\$30
Skilled Nursing Facility /LTACH (45 Day Maximum)	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 Day Maximum)	Ded, 20%	Ded, 20%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%
Out of Network:		
Annual Single Deductible	\$10,000	\$12,000
Annual Family Deductible	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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Two Tier Plans



	PC Choice \$5,000/20%	PC Choice \$5,000/50%
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500, 50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

Two Tier Plans



	HSA \$3,300/0%	HSA \$5,000/0%	HSA \$6,500/0%
Annual Single Deductible	\$3,300	\$5,000	\$6,500
Annual Family Deductible	\$6,600	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,300	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,600	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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Three Tier Plans



	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,300/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,300	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,600	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Annual Single Deductible	\$1,000	\$2,000	\$2,500	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000	\$11,000	\$12,000
PCP Office Visit	\$25	\$25	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	\$50	\$50
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$350	\$350
Urgent Care Facility	\$40	\$40	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25	\$30	\$30
Skilled Nursing Facility /LTACH (45 Day Maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 Day Maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$4,000	\$8,000	\$10,000	\$12,000
Annual Family Deductible	\$8,000	\$16,000	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$10	\$10	\$15	\$15
Brand Name Formulary	\$30	\$40	\$45	\$45
Brand Name Non-Formulary	\$45	\$60	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



	PC Choice \$5,000/20%	PC Choice \$5,000/50%
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500, 50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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Two Tier Plans



	HSA \$3,300/0%	HSA \$5,000/0%	HSA \$6,500/0%
Annual Single Deductible	\$3,300	\$5,000	\$6,500
Annual Family Deductible	\$6,600	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,300	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,600	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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CLINIC INFORMATION



Deaconess Clinic at Work is automatically included within Deaconess OneCare Small and Large Group Plans at no additional cost!

Clinic is available to members in Gibson, Posey, Spencer, Vanderburgh, and Warrick counties.

In your program, you'll find the following benefits available to you and your dependents:



Free Provider Visits*

Sick Visits, Annual Exams, Sports & Wellness Physicals, Chronic Disease Management, Basic In-Office Procedures, Stitches, EKGs.



Free Medications

Find a list of these medications at deaconess.com/dcawformulary.



Free Labs

Find a list at deaconess.com/dcawformulary.



Free DC Video Visits

8am–8pm, 365 days a year (age 2 and older)



Free 24-Hour Nurse Line

*Due to IRS Regulations, members on a High Deductible Health Plan will be subject to a \$30 Office Visit Charge.

Visit your company's Deaconess Clinic at Work web page for access to:

- Appointment Scheduling
- Medication Refills
- DC LIVE
- And More!

LOCATIONS

First Avenue— 812-450-4066

309 N. 1st Ave.,
Evansville, IN
Mon: 8am–Noon
Tue: 1–5pm
Wed: 9am–1pm
Thu: 8am–Noon

Lynch Road— 812-450-8720

4949 Healthy Way,
Suite A, Evansville, IN
Mon: 1pm–5pm
Tue: 8am–Noon
Wed: 2pm–6pm
Thu: 1pm–5pm
Fri: 7am–11am
Sat: 8am–Noon

Felstead— 812-490-0283

801 Felstead Rd.
Evansville, IN
Mon: 1pm–5pm
Tue: 8am–Noon
Wed: 2pm–6pm
Thu: 1pm–5pm
Fri: 7am–11am

Ft. Branch— 812-615-5019

7898 S. Professional Dr.,
Ft. Branch, IN
Mon: 8am–2pm
Tue: 1pm–6pm
Thu: Noon–5pm
Fri: 7am–11am
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Mt. Vernon— 812-490-0813

813 E. 4th St.,
Mt. Vernon, IN
Mon: 8am–5pm
Wed: Noon–6pm
Fri: 8am–2pm

Reo— 812-492-5940

3434 W. IN-66,
Reo, IN
Mon: 7:30am–9:30am & 1–5pm
Tue: 7:30am–Noon
Thu: Noon–5pm
Fri: 7:30am–Noon

Henderson— 270-215-3150

340 Starlite Dr.,
Henderson, KY
Mon: 9am–6pm
Wed: 8am–Noon
Fri: 7am–4pm

Owensboro— 270-561-0140

2710 Heartland Crossing Blvd.,
Owensboro, KY
Mon: 7am–3pm
Wed: 11am–5pm
Fri: 8am–2pm

Marion— 618-861-0585

3329 W. DeYoung St.,
Marion, IL
Mon: 7am–4pm
Wed: 8am–5pm
Fri: 8am–Noon

Three Tier Plans



	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 day annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,300/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,300	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,600	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Annual Single Deductible	\$1,000	\$2,000	\$2,500	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000	\$11,000	\$12,000
PCP Office Visit	\$25	\$25	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	\$50	\$50
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$350	\$350
Urgent Care Facility	\$40	\$40	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25	\$30	\$30
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$4,000	\$8,000	\$10,000	\$12,000
Annual Family Deductible	\$8,000	\$16,000	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$10	\$10	\$15	\$15
Brand Name Formulary	\$30	\$40	\$45	\$45
Brand Name Non-Formulary	\$45	\$60	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



	PC Choice \$5,000/20%	PC Choice \$5,000/50%
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500, 50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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Two Tier Plans



	HSA \$3,300/0%	HSA \$5,000/0%	HSA \$6,500/0%
Annual Single Deductible	\$3,300	\$5,000	\$6,500
Annual Family Deductible	\$6,600	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,300	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,600	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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CLINIC INFORMATION



Plan members receive services at No Cost or Low Cost.

Clinic is available to Jackson, Jennings, Washington and Scott counties only.



Healthcare Services

- Treatment for minor medical problems (allergies, ear infections, flu, strep, minor infections and rashes, etc.)
- Respiratory conditions
- Digestive and urinary conditions
- Chronic disease management
- Blood pressure checks
- Annual physical exams
- On-site wellness coaching
- Health screenings
- Sports Physicals
- And More...



Prescriptions

Original prescriptions will be provided by WellLife. Refills of prescriptions can be filled with your local pharmacy or a mail-order pharmacy. Original prescriptions will be provided at no cost to most members. Members with high-deductible health plans will pay \$5.00 for prescriptions.*



Lab Work

Lab work ordered by WellLife will be drawn at the clinic. A list of labs available through the clinic is available. Labs ordered that are not available through WellLife will be processed through member's health plan. Labs will be provided at no cost to most members. Members with high-deductible health plans will pay \$15 per lab test performed at WellLife.*



High Deductible Health Plans

High-deductible health plans do not allow members to receive first-dollar coverage. To remain compliant & avoid tax penalties, it's necessary to charge a small fee for reasonable & customary services. Preventive services can be provided at no charge.

Hours:

Monday/Wednesday 8am–6pm
Tuesday/Thursday 7am–6pm
Friday 8am–4pm

Phone:

812-523-5185
Call to schedule
an appointment

Location:

100 North Walnut Street
Seymour, Indiana
47274

Three Tier Plans



	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 day annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (ind Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (ind Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,300/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,300	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,600	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Annual Single Deductible	\$1,000	\$2,000	\$2,500	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000	\$11,000	\$12,000
PCP Office Visit	\$25	\$25	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	\$50	\$50
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$350	\$350
Urgent Care Facility	\$40	\$40	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25	\$30	\$30
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$4,000	\$8,000	\$10,000	\$12,000
Annual Family Deductible	\$8,000	\$16,000	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$10	\$10	\$15	\$15
Brand Name Formulary	\$30	\$40	\$45	\$45
Brand Name Non-Formulary	\$45	\$60	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



	PC Choice \$5,000/20%	PC Choice \$5,000/50%
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500, 50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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Two Tier Plans



	HSA \$3,300/0%	HSA \$5,000/0%	HSA \$6,500/0%
Annual Single Deductible	\$3,300	\$5,000	\$6,500
Annual Family Deductible	\$6,600	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,300	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,600	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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CLINIC INFORMATION



This program brings together Community's comprehensive services including Community Virtual Care and Community Clinic at Walgreens to provide convenient healthcare access to local employer workforces with both virtual and clinic care options.

Community Care Everywhere (CCE) Services

The CCE program is structured for employers as a fixed, subscription-based multi-level PE/ PM model. It offers unlimited employee utilization while providing employers with helpful program insights so they can understand the value of CCE in terms of health cost avoidance and general wellness opportunities.

Community Virtual Care:

Community Virtual Care connects you to board-certified providers for minor illnesses and injuries from the comfort of home. Visits are completed over the phone or through a secure video visit. Virtual Care is integrated with Community's EMR and patients will have access to their after visit summary through MyChart. In addition, Virtual Care providers can help prescribe medications, refill medications, and order COVID-19 testing. Please note that the providers can't prescribe medications for psychiatric needs, nor refill prescriptions for controlled substances.

Community Clinic at Walgreens:

Community Clinic at Walgreens offers easy access to medical care when your employees or their families are sick or hurt and need help quickly. Community Clinic at Walgreens offers in-person care for minor illnesses and injuries, common vaccinations, and management and treatment of chronic diseases such as hypertension, diabetes, high cholesterol, and asthma.

Locations

Community Virtual Care

HOURS: Daily, 7 am - 11 pm

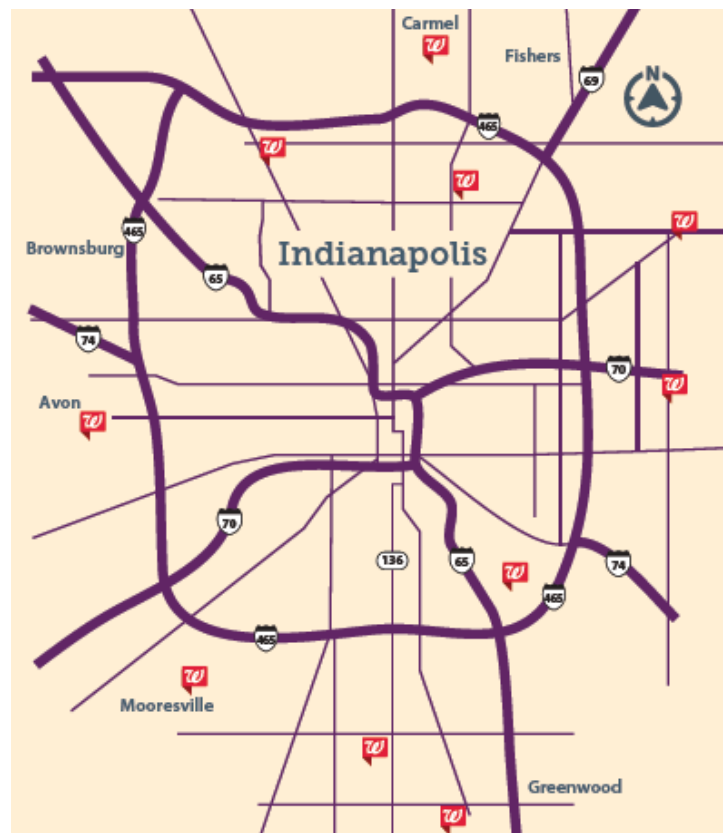
LOCATION: Must be located in Indiana at the time of the virtual visit

Community Clinic at Walgreens

HOURS: Weekdays: 8:30 am - 7 pm,

Weekends: 8:30 am - 5 pm

LOCATIONS: See map below



Learn more about Community Care Everywhere clinics at eCommunity.com/cce or scan the QR code.



Three Tier PPO



	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 day annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier PPO



	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier PPO



	HSA Plan \$3,300/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,300	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,600	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Or- der Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,300/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,300	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,600	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Three Tier Plans

	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans

	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$23,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans

	HSA Plan \$3,300/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,300	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,600	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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CLINIC INFORMATION



Good Samaritan
Wellness Matters

**As part of the Good Samaritan Direct Health program,
Employers will automatically have access to the Wellness Matters Clinic.**

Visits to the Wellness Matters Clinic will be free of charge to all members of the plan as the cost of the program is included within the premium.

The clinic offers physicals, wellness exams, chronic care management, health maintenance, on-site lab draw & medications for all your acute and wellness needs.

Healthcare services offered:

- Physicals (Sports, School, Annual)
- DOT/CDL
- Well-Man or Woman Exams
- Pelvic Exams
- Chronic Care Management
- Health Maintenance
- Referrals for Screening Tests
- Mental Health Needs:
Depression, Anxiety, etc.
- Weight loss Counseling
- Birth Control
- Health Action Plans

Urgent Concerns:

- Splinter Removal
- Breathing Treatments
- Treatment of Minor Injuries & Illnesses
- Urinary Tract Infections
- Common Rashes
- Minor Respiratory Illness
- Ear Pain & Ear Wax Issues
- Pink Eye
- Sinus Pain
- Allergies
- STI Testing & Treatment
- Simple Abscesses / Boils

Hours:
Monday-Thursday
(8am-5pm)

Phone:
(812) 885-8945
Visits by Appointment Only

Medical Center of Vincennes
406 N. 1st Street
Vincennes, IN

Three Tier Plans



	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 day annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



PARKVIEW
SELECT CARE

	HSA Plan \$3,300/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,300	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,600	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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CLINIC INFORMATION



PARKVIEW

EMPLOYER SOLUTIONS

EMPLOYER CLINICS

Clinic Services

Employer Clinic services are provided to you at no cost. You may visit any of our Employer Clinics for the following services:

- Diagnosis and treatment of most chronic health conditions.
- Acute/sick care visits.
- Annual exams and physicals.
- Basic in-office procedures.
- Access to a medically supervised metabolic wellness program and diabetes treatment team and services.

Lab Services

Each Employer Clinic is equipped with a lab to obtain blood draws, cultures, and/or urine collection to diagnose and monitor certain conditions such as:

- Comprehensive Metabolic Panel
- Complete Blood Count Lipid panel
- Hemoglobin A1C
- Thyroid Stimulating Hormone (TSH)
- Prostate Specific Antigen (PSA)
- Vitamin and mineral deficiency
- Hormone deficiency
- C-Reactive Protein
- Throat culture
- Urinalysis
- Hepatic and Renal Function Panel

Medication Formulary

Employer Clinics have access to many medications in generic form free of charge.

Medication categories include:

- Antibiotic/Antifungal/Antiviral
- Depression/Anxiety
- Diabetes/Hypertension/Heart Disease
- Male and Female Health/Nutrition
- Osteoporosis/Arthritis/Pain
- Lipid Management
- Migraine

Locations

Kosciusko County Clinic

1021 Mariners Dr.
Warsaw, IN 46582

Tues: 8am - 4pm
Wed: 10am - 6pm
Thurs: 8am - 4pm

Noble County Clinic

1844 Ida Red Road
Kendallville, IN 46755

Clinic Hours:

Mon: 10 am - 6 pm
Wed: 8 am - 4 pm

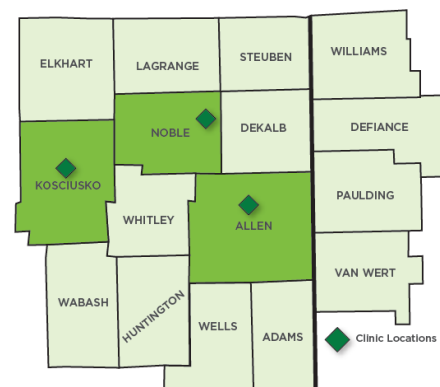
Virtual Hours:

Tues: 8 am - 4 pm
Thurs: 8 am - 4 pm

Northwest Allen County Clinic

3898 New Vision Drive,
Suite C
(Building M)
Fort Wayne, IN 46845

Mon: 8 am - 6 pm
Tues: 8 am - 5 pm
Wed: 8 am - 6 pm
Thurs: 8 am - 5 pm
Fri: 12 pm - 5 pm



For information on Employer Clinic services, providers, appointment scheduling, and more, visit Parkview.com/EmployerClinicsHub or scan the QR code with your mobile phone camera.



Three Tier Plans



	Prime Care Choice \$500/20%			Prime Care Choice \$1000/20%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$500	\$1,000	\$2,000	\$1,000	\$2,000	\$4,000
Annual Family Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000
Annual OOP Max - Single (incl Deductible, copay, and coinsurance)	\$2,500	\$5,500	\$26,100	\$4,000	\$7,000	\$26,100
Annual OOP Max - Family (incl Deductible, copay, and coinsurance)	\$5,000	\$11,000	\$52,200	\$8,000	\$13,000	\$52,200
PCP Office Visit	\$20	\$20	Ded, 50%	\$25	\$25	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Urgent Care Facility	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual max)	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$20	\$20	Ded, 50%	\$25	\$25	Ded, 50%
Skilled Nursing Facility/LTACH (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Home Health (60 visit annual max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$30	\$30	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Prime Care Choice \$1500/20%			Prime Care Choice \$2000/20%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,500	\$3,000	\$6,000	\$2,000	\$4,000	\$8,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000
Annual OOP Max - Single (incl Deductible, copay, and coinsurance)	\$5,000	\$8,000	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, and coinsurance)	\$10,000	\$16,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$25	Ded, 50%	\$25	\$25	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Urgent Care Facility	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual max)	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$25	\$25	Ded, 50%	\$25	\$25	Ded, 50%
Skilled Nursing Facility/LTACH (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Home Health (60 visit annual max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%
Brand Name Formulary	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Brand Name Non-Formulary	\$60	\$60	Ded, 50%	\$60	\$60	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	Prime Care Choice \$2500/20%				Prime Care Choice \$3000/20%				Prime Care Choice \$3500 /20%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network		Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network		Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$2,500	\$5,000	\$10,000		\$3,000	\$6,000	\$12,000		\$3,500	\$7,000	\$14,000
Annual Family Deductible	\$5,000	\$10,000	\$20,000		\$6,000	\$12,000	\$24,000		\$7,000	\$14,000	\$28,000
Annual OOP Max - Single (ind Deductible, copay, & coinsurance)	\$5,500	\$8,500	\$26,100		\$6,000	\$8,700	\$26,100		\$7,000	\$8,700	\$26,100
Annual OOP Max - Family (ind Deductible, copay, & coinsurance)	\$11,000	\$17,000	\$52,200		\$12,000	\$17,400	\$52,200		\$14,000	\$17,400	\$52,200
PCP Office Visit	\$30	\$30	Ded, 50%		\$30	\$30	Ded, 50%		\$30	\$30	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$50	Ded, 50%		\$50	\$50	Ded, 50%		\$50	\$50	Ded, 50%
Preventive Care	0%	0%	Not Covered		0%	0%	Not Covered		0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Emergency Room	\$350	\$350	\$350		\$350	\$350	\$350		\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%		\$50	\$50	Ded, 50%		\$50	\$50	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$50	Ded, 50%		\$50	\$50	Ded, 50%		\$50	\$50	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	Ded, 50%		\$30	\$30	Ded, 50%		\$30	\$30	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%		Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:											
Generic Drug	\$15	\$15	Ded, 50%		\$15	\$15	Ded, 50%		\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%		\$45	\$45	Ded, 50%		\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%		\$70	\$70	Ded, 50%		\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%		Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%		Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A		2.5x	2.5x	N/A		2.5x	2.5x	N/A

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Three Tier Plans



	Prime Care Choice \$5000 /20%			Prime Care Choice \$5000/50%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, and coinsurance)	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, and coinsurance)	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$30	Ded, 50%	\$45	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$50	Ded, 50%	\$90	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$50	\$50	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$50	Ded, 50%	\$90	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	Ded, 50%	\$45	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:						
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3300/20%			HSA Plan \$3300/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,300	\$5,600	\$11,200	\$3,300	\$5,600	\$11,200
Annual Family Deductible	\$6,600	\$11,200	\$22,400	\$6,600	\$11,200	\$22,400
Annual OOP Max - Single (incl Deductible, and coinsurance)	\$6,000	\$7,500	\$21,150	\$3,300	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, and coinsurance)	\$12,000	\$15,000	\$42,300	\$6,600	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded		
PCP Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%

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Three Tier Plans



	HSA Plan \$3500/20%			HSA Plan \$3500/0%			HSA Plan \$5000/0%			HSA Plan \$6500/0%		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$3,500	\$7,000	\$14,000	\$3,500	\$7,000	\$14,000	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$7,000	\$14,000	\$28,000	\$7,000	\$14,000	\$28,000	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible & coinsurance)	\$7,000	\$7,500	\$21,150	\$3,500	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible & coinsurance)	\$14,000	\$15,000	\$42,300	\$7,000	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:												
Generic Drug	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%

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Two Tier Plans



	PC Choice \$500/20%	PC Choice \$1000/20%	PC Choice \$1500/20%	PC Choice \$2000/20%	PC Choice \$2500/20%
Annual Single Deductible	\$500	\$1,000	\$1,500	\$2,000	\$2,500
Annual Family Deductible	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$2,500	\$4,000	\$5,000	\$5,500	\$5,500
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$5,000	\$8,000	\$10,000	\$11,000	\$11,000
PCP Office Visit	\$20	\$25	\$25	\$25	\$30
Specialist Office Visit (20% for Ancillary Services)	\$30	\$40	\$40	\$40	\$50
Preventive Care	0%	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$250	\$250	\$350
Urgent Care Facility	\$30	\$40	\$40	\$40	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$30	\$40	\$40	\$40	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$20	\$25	\$25	\$25	\$30
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:					
Annual Single Deductible	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Annual Family Deductible	\$4,000	\$8,000	\$12,000	\$16,000	\$20,000
Coinsurance for All Services*	50%	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:					
Generic Drug	\$10	\$10	\$10	\$10	\$15
Brand Name Formulary	\$30	\$30	\$40	\$40	\$45
Brand Name Non-Formulary	\$45	\$45	\$60	\$60	\$70
Specialty Drugs **	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



	PC Choice \$3000/20%	PC Choice \$3500/20%	PC Choice \$5000/20%	PC Choice \$5000/50%
Annual Single Deductible	\$3,000	\$3,500	\$5,000	\$5,000
Annual Family Deductible	\$6,000	\$7,000	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$7,000	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$14,000	\$17,400	\$17,400
PCP Office Visit	\$30	\$30	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$50	\$50	\$90
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$500,50%
Urgent Care Facility	\$50	\$50	\$50	\$90
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$50	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Out of Network:				
Annual Single Deductible	\$12,000	\$14,000	\$16,300	\$16,300
Annual Family Deductible	\$24,000	\$28,000	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$15	\$15	\$15	\$15
Brand Name Formulary	\$45	\$45	\$45	\$45
Brand Name Non-Formulary	\$70	\$70	\$70	\$70
Specialty Drugs **	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



	HSA \$3300/20%	HSA \$3300/0%	HSA \$3500/20%
Annual Single Deductible	\$3,300	\$3,300	\$3,500
Annual Family Deductible	\$6,600	\$6,600	\$7,000
Annual OOP Max - Single (incl Deductible and coinsurance)	\$6,000	\$3,300	\$7,000
Annual OOP Max - Family (incl Deductible and coinsurance)	\$12,000	\$6,600	\$14,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 20%	Ded, 0%	Ded, 20%
Specialist Office Visit	Ded, 20%	Ded, 0%	Ded, 20%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 0%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 0%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 0%	Ded, 20%
Emergency Room	Ded, 20%	Ded, 0%	Ded, 20%
Urgent Care Facility	Ded, 20%	Ded, 0%	Ded, 20%
Ambulance	Ded, 20%	Ded, 0%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 0%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	Ded, 20%	Ded, 0%	Ded, 20%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 0%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 0%	Ded, 20%
Outpatient Behavioral Health	Ded, 20%	Ded, 0%	Ded, 20%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 0%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 0%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 0%	Ded, 20%
Hospice	Ded, 20%	Ded, 0%	Ded, 20%
Out of Network:			
Annual Single Deductible	\$11,200	\$11,200	\$14,000
Annual Family Deductible	\$22,400	\$22,400	\$28,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 20%	Ded, 0%	Ded, 20%
Brand Name Formulary	Ded, 20%	Ded, 0%	Ded, 20%
Brand Name Non-Formulary	Ded, 20%	Ded, 0%	Ded, 20%
Specialty Drugs **	Ded, 30%	Ded, 0%	Ded, 30%

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Two Tier Plans



	HSA \$3500/0%	HSA \$5000/0%	HSA \$6500/0%
Annual Single Deductible	\$3,500	\$5,000	\$6,500
Annual Family Deductible	\$7,000	\$10,000	\$13,000
Annual OOP Max - Single Single (incl Deductible and coinsurance)	\$3,500	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible and coinsurance)	\$7,000	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$14,000	\$13,800	\$19,500
Annual Family Deductible	\$28,000	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs **	Ded, 0%	Ded, 0%	Ded, 30%

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READY FOR **A QUOTE?**

Required Items to Quote:

1

Employer Information

Employer's Name, Employer's Address, SIC Code, Total Eligible

2

Effective Date

3

Census

Employee's Name & DOB, Dependent's Name(s) & DOB(s), Spouse's Name & DOB, Employee's Gender, Employee's Zip Code, Coverage Tiers, and Plan Selection if Multiple Plans

4

2-3 Years of Claim Data

Medical Paid Claims by Month, RX Paid Claims by Month, High Cost Member Paid Claims together with Diagnosis and Prognosis
Prefer at least 8 months of current plan

5

SIHO Applications

If claims data is not available, applications are required.
Signed within 60 days

6

Current Plan Design or Renewal Rates

Renewal Rates preferred

7

Desired Plan Options

Send To: **Sales.Quotes@siho.org**



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SIHO prides itself on making the shift from being customer-focused to a customer-centric organization to create a best in class experience through communications, services, and products.

SIHO's team has the training and resources to help members navigate through their medical events and ensures that the administration of the health plan operates efficiently.

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