

	Platinum 90 EPO \$0/ \$15 + Child Dental	Platinum \$0 EPO Option 1	Platinum \$0 EPO Option 2	Gold 80 EPO \$0/\$30 + Child Dental Alt	Gold \$500 EPO	Gold \$1,000 EPO
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,000	\$1,000 / \$2,000
Out-of-pocket max (Individual / Family)	\$4,500 / \$9,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$8,000 / \$16,000
RX drug deductible	N/A	N/A	N/A	N/A	N/A	N/A
HSA-compatible?	No	No	No	No	No	No
24/7 Doctor on Call	Free	Free	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary care / OBGYN visits	\$15	\$20	\$30	\$30	\$25	\$25
Specialist visits	\$30	\$40	\$50	\$50	\$50	\$50
Mental health office visits	\$15	\$20	\$30	\$30	\$25	\$25
Labs	\$15	\$15	\$30	\$50	\$50	\$50
Emergency room	\$150	\$300	\$250	\$350	\$350	\$500
Urgent care	\$15	\$50	\$50	\$50	\$50	\$50
MRIs & Advanced imaging	\$75	\$30	\$50	\$200	20% after ded	20% after ded
X-rays & Diagnostic imaging	\$30	\$30	\$50	\$50	\$50	\$50
Outpatient facility / Inpatient facility	\$100 / \$250 per day, up to 5 days	\$150 / \$500	\$150 / \$500 per day, up to 5 days	30% / 30%	20% after ded / 20% after ded	20% after ded / 20% after ded
Prescription drugs: Retail (Tier 1 / 2 / 3 / 4)	\$5 / \$15 / \$25 / 10% up to \$250 per script	\$5 / \$15 / \$25 / 30% up to \$250 per script	\$5 / \$15 / \$25 / 30% up to \$250 per script	\$15 / \$50 / \$75 / 30% up to \$250 per script	\$15 / \$50 / \$75 / 20% up to \$250 per script after ded	\$15 / \$50 / \$75 / 20% up to \$250 per script after ded

Note: Infertility benefits can be added to any plan listed above. There is a lifetime benefit limit of \$5,000 on all covered services (medical and prescription drug benefits) used to treat infertility. Please refer to the Evidence of Coverage for a more detailed description of the benefit.

	Gold \$2,000 EPO	Gold 80 EPO \$250/\$25 + Child Dental	Silver \$0 EPO	Silver 70 EPO \$1,500/\$50 + Child Dental Alt	Silver 70 EPO \$2,250/\$50 + Child Dental	Silver \$2,000 EPO
The Basics						
Deductible (Individual / Family)	\$2,000 / \$4,000	\$250 / \$500	\$0 / \$0	\$1,500 / \$3,000	\$2,250 / \$4,500	\$2,000 / \$4,000
Out-of-pocket max (Individual / Family)	\$7,500 / \$15,000	\$7,800 / \$15,600	\$8,150 / \$16,300	\$8,150 / \$16,300	\$7,800 / \$15,600	\$8,150 / \$16,300
RX drug deductible	N/A	N/A	N/A	N/A	\$300 / \$600	N/A
HSA-compatible?	No	No	No	No	No	No
24/7 Doctor on Call	Free	Free	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary care / OBGYN visits	\$25	\$25	\$50	\$50	\$50	\$50
Specialist visits	\$50	\$50	\$80	\$75	\$85	\$75
Mental health office visits	\$25	\$25	\$50	\$50	20% up to \$50	\$50
Labs	\$50	\$25	\$80	\$75	\$40	\$75
Emergency room	\$500	\$250 after ded	\$650	\$750	\$400 after ded	\$650
Urgent care	\$50	\$25	\$80	\$75	\$50	\$75
MRIs & Advanced imaging	20% after ded	\$275	\$375	50% after ded	\$300	50% after ded
X-rays & Diagnostic imaging	\$50	\$65	\$80	\$75	\$85	\$75
Outpatient facility / Inpatient facility	20% after ded	\$300 / \$600 per day, up to 5 days (after ded)	\$500 / \$1,500	50% after ded	20% / 20% after ded	50% after ded
Prescription drugs: Retail (Tier 1 / 2 / 3 / 4)	\$10 / \$50 / \$75 / 20% up to \$250 per script after ded	\$15 / \$50 / \$80 / 20% up to \$250 per script	\$20 / \$50 / 30% up to \$250 per script / 30% up to \$250 per script	\$25 / \$55 / \$125 / 50% up to \$250 per script after ded	\$17 / \$65 / \$90 / 20% up to \$250 per script (all after ded)	\$25 / \$50 / \$125 / 50% up to \$250 per script after ded

Note: Infertility benefits can be added to any plan listed above. There is a lifetime benefit limit of \$5,000 on all covered services (medical and prescription drug benefits) used to treat infertility. Please refer to the Evidence of Coverage for a more detailed description of the benefit.

	Bronze 60 EPO \$6,300/\$65 + Child Dental	Bronze \$8,150 EPO Option 1	Bronze \$8,150 EPO Option 2	Silver 70 HDHP EPO \$2,500/20% + Child Dental	Bronze 60 HDHP EPO \$6,900/0% + Child Dental
The Basics					
Deductible (Individual / Family)	\$6,300 / \$12,600	\$8,150 / \$16,300	\$8,150 / \$16,300	\$2,500 / \$5,000	\$6,900 / \$13,800
Out-of-pocket max (Individual / Family)	\$7,800 / \$15,600	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,850 / \$13,700	\$6,900 / \$13,800
RX drug deductible	\$500 / \$1,000	N/A	N/A	N/A	N/A
HSA-compatible?	No	No	No	Yes	Yes
24/7 Doctor on Call	Free	Free	Free	\$15 ³	\$15 ³
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓
Prices for Benefits					
Primary care / OBGYN visits	First 3 @ \$65 ¹	Free after ded	First 3 @ \$50 ¹	20% after ded	Free after ded
Specialist visits	First 3 @ \$95 ¹	Free after ded	Free after ded	20% after ded	Free after ded
Mental health office visits	\$65	Free after ded	First 3 @ \$50 ¹	20% after ded	Free after ded
Labs	\$40	Free after ded	Free after ded	20% after ded	Free after ded
Emergency room	40% after ded	Free after ded	Free after ded	20% after ded	Free after ded
Urgent care	First 3 @ \$65 ¹	\$75	\$75	20% after ded	Free after ded
MRIs & Advanced imaging	40% after ded	Free after ded	Free after ded	20% after ded	Free after ded
X-rays & Diagnostic imaging	40% after ded	Free after ded	Free after ded	20% after ded	Free after ded
Outpatient facility / Inpatient facility	40% after ded	Free after ded	Free after ded	20% after ded	Free after ded
Prescription drugs: Retail (Tier 1 / 2 / 3 / 4)	\$18/ 40% up to \$500 per script after ded ²	Free after ded	Free after ded	20% up to \$250 per script after ded	Free after ded

¹ The first 3 non-preventive visits across these categories are subject to the copay, pre-deductible. Subsequent visits are charged at 100% of negotiated rate until member meets the plan's deductible.

² Cost share applies to Tier 2, 3 and 4 drugs.

Note: Infertility benefits can be added to any plan listed above. There is a lifetime benefit limit of \$5,000 on all covered services (medical and prescription drug benefits) used to treat infertility. Please refer to the Evidence of Coverage for a more detailed description of the benefit.

³ This is a contracted rate and is subject to change. Once the deductible is met, Doctor on Call services will be covered in full.