

## Health plan coverage details

	Choice + HSA Plan			Value + HSA Plan			Signature Plan		
Annual medical deductibles and out-of-pocket limits	Primary Care Physicians	Network	Out-of-network	Primary Care Physicians	Network	Out-of-network	Primary Care Physicians	Network	Out-of-network
<b>Deductible Amounts</b>									
Individual	\$1,600	\$1,600	\$2,600	\$3,200	\$3,200	\$6,000	\$500	\$500	\$700
Family	\$3,200	\$3,200	\$5,200	\$6,400	\$6,400	\$12,000	\$1,000	\$1,000	\$1,400
<b>Out-of-pocket limits</b>									
Individual	\$3,500	\$3,500	\$7,000	\$5,000	\$5,000	\$10,000	\$2,100	\$2,100	\$4,150
Family	\$7,000	\$7,000	\$14,000	\$10,000	\$10,000	\$20,000	\$4,200	\$4,200	\$8,300
Medical Copays (\$) and Coinsurance (%)	Primary Care Physicians	Network	Out-of-network	Primary Care Physicians	Network	Out-of-network	Primary Care Physicians	Network	Out-of-network
<b>Doctors and Specialists</b>									
Preventive Care Visit	\$0	\$0	40% after deductible	\$0	\$0	40% after deductible	\$0	\$0	35% after deductible
Primary Care Visit (Illness or Injury)	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible	\$15 Copay	\$25 Copay	35% after deductible
Specialist Visit	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible	\$30 Copay	40 Copay	35% after deductible
Mental Health Visit (Outpatient)	10% after deductible	20% after deductible	40% after deductible	10% after deductible	20% after deductible	40% after deductible	\$15 Copay	\$25 Copay	35% after deductible
<b>Virtual, Urgent, and Emergency Care</b>									
24/7 Virtual Visit (Online Physician)	\$0	\$0	Not Covered	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Urgent Care Visit	20% after deductible	20% after deductible	40% after deductible	20% after deductible	20% after deductible	40% after deductible	\$75 Copay	\$75 Copay	35% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible

The above is only a summary. It is not intended to be a complete listing of all plan details.

	Choice + HSA Plan			Value + HSA Plan			Signature Plan	
Physical Therapy (30 visit limit per year)	\$15 Copay after deductible	40% after deductible		\$15 Copay after deductible	40% after deductible		\$15 Copay	35% after deductible
Speech Therapy (30 visit limit per year)	20% after deductible	40% after deductible		20% after deductible	40% after deductible		20% after deductible	35% after deductible
Chiropractic (30 visit limit per year)	20% after deductible	40% after deductible		20% after deductible	40% after deductible		20% after deductible	35% after deductible