

## Benefit Highlights

Benefit	Bronze 60 HMO	Silver 70 HMO	Gold 80 HMO
Deductible	\$6,300	\$4,000	\$0
Max OOP	\$7,800	\$7,800	\$7,800
PCP Copay	\$65 after ded	\$40	\$30
Specialist Copay	\$95 after ded	\$80	\$65
Urgent Care Copay	\$65 after ded	\$40	\$30
Prescription Drug			
Deductible	\$500	\$300	N/A
Rx Tier 1	\$18 After Ded	\$16 After Ded	\$15
Rx Tier 2	40% After Ded	\$60 After Ded	\$55
Rx Tier 3	40% After Ded	\$90 After Ded	\$80
Rx Tier 4	40% After Ded	20% After Ded	20%
Other			
Teledoc	Yes	Yes	Yes

## Benefit Highlights

	Core Care Bronze		Constant Care Silver		Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$10
Prescription Drug					
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	30% after Ded
Other					
Teledoc	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	Yes

## Benefit Highlights

	Core Care Bronze		Constant Care Silver		Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$10
Prescription Drug					
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	30% after Ded
Other					
Teledoc	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	Yes

## Benefit Highlights

	Core Care Bronze		Constant Care Silver		Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$10
Prescription Drug					
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	30% after Ded
Other					
Teledoc	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	Yes

## Benefit Highlights

	Core Care Bronze		Constant Care Silver	Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$10
Prescription Drug				
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	30% after Ded
Other				
Teledoc	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	Yes

## Benefit Highlights

	Core Care Bronze		Constant Care Silver		Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$10
Prescription Drug					
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	30% after Ded
Other					
Teledoc	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	Yes

## Benefit Highlights

	Core Care Bronze		Constant Care Silver		Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$10
Prescription Drug					
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	30% after Ded
Other					
Teledoc	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	Yes

## Benefit Highlights

	Core Care Bronze		Constant Care Silver			Confident Care Gold	
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Standard 250	Gold	Standard Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	N/A	\$2,925	N/A
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000	\$8,150
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$40	\$10	\$30
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$95	\$50	\$70
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$75	\$10	\$60
Prescription Drug							
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	N/A	included in medical ded	N/A
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$35	\$10	\$25
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$95	\$50	\$70
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	50%	30% after Ded	30%
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	50%	30% after Ded	30%
Other							
Teledoc	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	No	Yes	No



## Benefit Highlights

	Core Care Bronze		Constant Care Silver		Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$10
Prescription Drug					
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	30% after Ded
Other					
Teledoc	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	Yes

## Benefit Highlights

Benefit	Core Care Bronze 1	Choice Silver 250	Choice Gold
Deductible	\$6,800	\$6,000	\$2,925
Max OOP	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	\$25	\$10
Specialist Copay	\$85 after ded	\$75	\$50
Urgent Care Copay	\$35	\$25	\$10
Prescription Drug			
Deductible	included in medical ded	\$1,500	included in medical ded
Rx Tier 1	\$32	\$15	\$10
Rx Tier 2	40% after Ded	\$60	\$50
Rx Tier 3	50% after Ded	40%	30% after Ded
Rx Tier 4	50% after Ded	40%	30% after Ded
Other			
Teledoc	Yes	Yes	Yes
Vision Options	No	No	No

## Benefit Highlights

	Core Care Bronze		Constant Care Silver		Confident Care Gold
Benefit	High Option	Low Option	High Silver 250	Low Silver 250	Gold
Deductible	\$6,800	\$8,000	\$6,000	\$6,500	\$2,925
Max OOP	\$8,150	\$8,150	\$8,150	\$8,150	\$6,000
PCP Copay	\$35	40% No Ded on 1st Visit	\$25	\$30	\$10
Specialist Copay	\$85 after ded	40% After Ded	\$75	\$75	\$50
Urgent Care Copay	\$35	40% After Ded	\$25	\$30	\$10
Prescription Drug					
Deductible	included in medical ded	included in medical ded	\$1,500	included in medical ded	included in medical ded
Rx Tier 1	\$32	40% after Ded	\$15	\$25	\$10
Rx Tier 2	40% after Ded	40% after Ded	\$60	\$65	\$50
Rx Tier 3	50% after Ded	50% after Ded	40%	50%	30% after Ded
Rx Tier 4	50% after Ded	50% after Ded	40%	50%	30% after Ded
Other					
Teledoc	Yes	Yes	Yes	Yes	Yes
Adult Vision Option	Yes	No	Yes	No	Yes