



## Plan Summary

	Basic HD	Standard	Enhanced
<ul style="list-style-type: none"> <li>Low Premiums</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>Compatible with a health savings account (HSA)</li> </ul>	<ul style="list-style-type: none"> <li>Low Deductibles and Out-of-Pocket Maximums</li> <li>Copays for doctor visits</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Low Deductibles and Out-of-Pocket Maximums</li> <li>Copays for doctor visits</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	

Monthly Premiums	Basic HD	Standard	Enhanced
Employee Only	\$75	\$105	\$208
Employee and Spouse	\$920	\$985	\$1,015
Employee and Child	\$400	\$450	\$527
Employee and Family	\$1,100	\$1,175	\$1,300

Plan Features	Basic HD	Standard	Enhanced
Type of Coverage	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network
Individual/Family Deductible	\$3,000/\$6,000 - In Network	\$2,500/\$5,000 - In Network	\$1,500/\$3,000 - In Network
In-Network/Out-of-Network Coinsurance	20%/40% after deductible	30%/50% after deductible	10%/40% after deductible
Individual/Family Maximum Out-of-Pocket	\$6,650/\$13,300 - In Network	\$8,150/\$16,300 - In Network	\$5,000/\$10,000 - In Network
Network	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	Basic HD	Standard	Enhanced
Primary Care	20% after deductible	\$35 Copay	\$35 Copay
Specialist	20% after deductible	\$70 Copay	\$35 Copay
Wellvia 24/7 Virtual Health	\$40 per visit	\$0	\$0

Immediate Care	Basic HD	Standard	Enhanced
Urgent Care	20% after deductible	\$50 Copay	\$75 Copay
Emergency Care	20% after deductible	30% after deductible	\$150 Copay
Wellvia 24/7 Virtual Health	\$40 per visit	\$0	\$0

Prescription Drugs	Basic HD	Standard	Enhanced
Drug Deductible	Included with Medical	None	None
Generics (30 day Supply/90 day supply)	20% after deductible	\$0 Retail and Mail Order	\$10 Retail/\$25 Mail Order
Preferred Brand	20% after deductible	30% Retail / \$125 Mail Order	\$30 Retail/\$75 Mail Order
Non-Preferred Brand	20% after deductible	30% Retail / \$125 Mail Order	\$50 Retail/\$125 Mail Order
Specialty	20% after deductible	50% up to a max of \$1500	50% up to a max of \$1500

## Wellness Benefits at No Extra Cost

- **Low Cost Prescription Drugs**
- **Free Wellvia 24/7 Virtual Health (except for the Basic HD plan)**
- **Free Preventative Care**

## Things to Know

- **Nationwide Network**
- **No PCP Referrals**
- **In and Out-of-Network Benefits**