



## 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>Free Preventative Generic Drugs</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>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>Free Generic Drugs</li> </ul>	

Monthly Premiums	Basic HD	Standard	Enhanced
Employee Only	\$125	\$135	\$215
Employee and Spouse	\$805	\$835	\$886
Employee and Child(ren)	\$423	\$438	\$498
Employee and Family	\$1,011	\$1,045	\$1,179

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	\$8,100/\$16,200 - In Network	\$9,000/\$18,000- In Network	\$6,000/\$12,000 - 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	\$50 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$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
Recuro 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	Basic HD	Standard	Enhanced
Drug Deductible	Included with Medical	\$250 (Brand /Specialty ONLY)	\$250 (Brand /Specialty ONLY)
Generics (30 day Supply/90 day supply)	20% after deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$40 Retail/\$100 Mail Order
Non-Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$80 Retail/\$200 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 Recuro 24/7 Virtual Acute & Behavioral Health**
- **Free Preventative Care**

## Things to Know

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