**Health Insurance Information**

|  |  |  |
| --- | --- | --- |
| **Network Health** | **HMO** | |
| **In-Network** | **Out-of-Network** |
| **Deductible**  Employee  Family | $1,000  $2,000 | N/A  N/A |
| **Health Reimbursement Account**  Single  Family | $625  $1,250 | N/A  N/A |
| **Out-of-Pocket Maximum (Medical Deductible & Coinsurance)**  Employee  Family | $1,000  $2,000 | N/A  N/A |
| **ACA Out-of-Pocket Maximum (Medical Deductible, Coinsurance, Medical Copays, & Rx Copays)**  Employee  Family | $6,850  $13,700 | N/A  N/A |
| **Coinsurance** | 0% | N/A |
| **Office Visits**  Telehealth  Primary Care Physician  Specialty Care Physician | $0 Copay  $10 Copay  $25 Copay | N/A  Not Covered  Not Covered |
| **Routine/Preventive Care\*** | Select Services Covered in Full | Not Covered |
| **Urgent Care**  **Emergency Room** | $100 Copay  $100 Copay | Not Covered  $100 Copay |
| **Hospital Services** | Deductible & Coinsurance | Not Covered |
| **Prescription Drugs**  Generic  Preferred Brand  Non-Preferred Brand  Specialty | $10  $25  $50  $50 | |

*\*Routine / Preventive Care includes periodic physical exams. The frequency and type of exams are based on the Member’s age, sex and medical history including routine immunizations. All benefits are subject to the limitations, and exclusions set forth in the Certificate of Coverage.*

**Rates**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Monthly Full Rate** | **Employer Rate** | **Employee Rate** |
| **Employee** | $748.01 | $658.25 | $89.76 |
| **Family** | $1,666.71 | $1,466.70 | $200.01 |

**Health Insurance Information**

|  |  |  |
| --- | --- | --- |
| **Network Health** | **POS** | |
| **In-Network** | **Out-of-Network** |
| **Deductible**  Employee  Family | $1,000  $2,000 | $1,500  $3,000 |
| **Health Reimbursement Account**  Single  Family | $625  $1,250 | $1,000  $2,000 |
| **Out-of-Pocket Maximum (Medical Deductible & Coinsurance)**  Employee  Family | $1,000  $2,000 | $2,750  $5,500 |
| **ACA Out-of-Pocket Maximum (Medical Deductible, Coinsurance, Medical Copays, & Rx Copays)**  Employee  Family | $6,850  $13,700 | N/A  N/A |
| **Coinsurance** | 0% | 20% |
| **Office Visits**  Telehealth  Primary Care Physician  Specialty Care Physician | $0 Copay  $10 Copay  $25 Copay | $0 Copay  Deductible & Coinsurance  Deductible & Coinsurance |
| **Routine/Preventive Care\*** | Select Services Covered in Full | Deductible & Coinsurance |
| **Urgent Care**  **Emergency Room** | $100 Copay  $100 Copay | Deductible & Coinsurance  $100 Copay |
| **Hospital Services** | Deductible & Coinsurance | Deductible & Coinsurance |
| **Prescription Drugs**  Generic  Preferred Brand  Non-Preferred Brand  Specialty | $10  $25  $50  $50 | |

*\*Routine / Preventive Care includes periodic physical exams. The frequency and type of exams are based on the Member’s age, sex and medical history including routine immunizations. All benefits are subject to the limitations, and exclusions set forth in the Certificate of Coverage.*

**Rates**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Monthly Full Rate** | **Employer Rate** | **Employee Rate** |
| **Employee** | $811.00 | $713.68 | $97.32 |
| **Family** | $1807.06 | $1590.21 | $216.85 |