**Health Insurance Information**

|  |  |
| --- | --- |
| **Network Health** | **HMO**  |
| **In-Network** | **Out-of-Network** |
| **Deductible** EmployeeFamily | $1,000$2,000 | N/AN/A |
| **Health Reimbursement Account** SingleFamily | $625$1,250 | N/AN/A |
| **Out-of-Pocket Maximum (Medical Deductible & Coinsurance)**EmployeeFamily | $1,000$2,000 | N/AN/A |
| **ACA Out-of-Pocket Maximum (Medical Deductible, Coinsurance, Medical Copays, & Rx Copays)**EmployeeFamily | $6,850 $13,700 | N/AN/A |
| **Coinsurance** | 0% | N/A |
| **Office Visits** TelehealthPrimary Care PhysicianSpecialty Care Physician | $0 Copay$10 Copay$25 Copay | N/ANot CoveredNot 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**GenericPreferred Brand Non-Preferred BrandSpecialty | $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** EmployeeFamily | $1,000$2,000 | $1,500$3,000 |
| **Health Reimbursement Account** SingleFamily | $625$1,250 | $1,000$2,000 |
| **Out-of-Pocket Maximum (Medical Deductible & Coinsurance)**EmployeeFamily | $1,000$2,000 | $2,750$5,500 |
| **ACA Out-of-Pocket Maximum (Medical Deductible, Coinsurance, Medical Copays, & Rx Copays)**EmployeeFamily | $6,850 $13,700 | N/AN/A |
| **Coinsurance** | 0% | 20% |
| **Office Visits** TelehealthPrimary Care PhysicianSpecialty Care Physician | $0 Copay$10 Copay$25 Copay | $0 CopayDeductible & CoinsuranceDeductible & 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**GenericPreferred Brand Non-Preferred BrandSpecialty | $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 |