

# MEDICAL PLAN

## OPTION 1: HMO COPAY PLAN

*Please Note:* you have two medical plan options to choose from. Your first option is an HMO. An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage. Below is a high level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$1,000	N/A
Family	\$2,000	N/A
<b>Out-of-Pocket Maximum</b>		
Single	\$6,850	No Coverage
Family	\$13,700	Not Covered
<b>Coinsurance</b>		
	100%	Not Covered
<b>Dependent Eligibility</b>		
	To Age 26 (end of month)	
<b>PHYSICIAN SERVICES</b>		
Select Preventative Services	Covered In Full	Not Covered
Primary Care Office Visit	\$10 Copay	Not Covered
Specialty Care Office Visit	\$10 Copay	Not Covered
<b>HOSPITAL SERVICES</b>		
Inpatient / Outpatient	Deductible	Not Covered
<b>URGENT CARE &amp; ER SERVICES</b>		
Urgent Care	\$10 Copay	Not Covered
Emergency Care	\$100 Copay	Not Covered
<b>RETAIL PRESCRIPTION DRUGS</b>		
Tier 1	\$10 Copay	Not Covered
Tier 2	\$25 Copay	Not Covered
Tier 3	\$50 Copay	Not Covered
Tier 4	\$50 Copay	Not Covered

*\$0 Preventive Rx List and Prevea Partnered Health Included*

*Please reference page (11) for premium information.*

# MEDICAL PLAN *(continued)*

## OPTION 2: POS COPAY PLAN

Your second option is a Point of Service (POS) option. This option also gives you access to certain doctors and hospitals within its network, as well as coverage for doctors and hospitals outside of the network. Out of network services will be processed at the out of network coverage level noted below. Below is a high level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$1,000	\$1,500
Family	\$2,000	\$3000
<b>Out-of-Pocket Maximum</b>		
Single	\$6,850	\$6,850
Family	\$13,700	\$13,700
<b>Coinsurance</b>		
	100%	80%
<b>Dependent Eligibility</b>		
	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventative Services	Covered In Full	Covered in Full
Primary Care Office Visit	\$10 Copay	Deductible & Coinsurance
Specialty Care Office Visit	\$10 Copay	Deductible & Coinsurance
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Deductible & Coinsurance
URGENT CARE & ER SERVICES		
	<b><i>In-Network</i></b>	<b><i>Out-of-Network</i></b>
Urgent Care	\$10 Copay	Deductible & Coinsurance
Emergency Care	\$100 Copay	Deductible & Coinsurance
RETAIL PRESCRIPTION DRUGS		
Tier 1	\$10 Copay	50% Coinsurance
Tier 2	\$25 Copay	50% Coinsurance
Tier 3	\$50 Copay	50% Coinsurance
Tier 4	\$50 Copay	50% Coinsurance

*\$0 Preventive Rx List and Prevea Partnered Health Included*

*Please reference page (11) for premium information.*