Special Med								Premium Rates					Optional Benefits				Pharmacy						Cope Street	Consuments			Maximum Out-of-Pocket (Single/Family)		Coinsurance			Deductible (Single/Family)	Health Plan		1 1	1-1/3/5	- State	STAN STANS
Special Medicare (1 over/1 under) both KX		Eamily Medicare w/o Drug	Single Medicare w/o Drug	Family Medicare	Single Medicare	Family 97		Consider	Current	Waiver of Premium	Extraction/Replacement of Leeur	Vision benefit		Specialty Pharmacy Coinsurance	Includes Erectile Dysfunction Benefits	Maria Rosa	7.000	High Tech Imaging Copay	Emergency Room	Urgent Care	Amwell/Convenient Care	Non-Network Office Visit	Network Office Visit		Non-Network	Network	cket (Single/Family)	Non-Network	Metwork	Non-Network	Network	amily)			1	8106/9		BURLINGTON BURIN
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\$186,993.64	\$1,112.72	\$353.24	\$1/6,02	91,040.70	\$1,070	\$535.20	\$1,619.48	\$577.52			No	No Extraction Coverage	No Vision Coverage		No les		ded/coins	\$0/\$0	90/60	90	\$0	30	90	Specialty	\$10,000/\$20,000	\$4,000/\$8,000		80%	100%	\$8,000,8	34,000/46,000	00 83/000 4	Essential Qualified	Renewal Rates / Current Benefits		RACIO	And on the return	WEAT TUS
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	I		T	1										0							I	40	SO	Primary		T								Renewa				WE.
\$219,492.66	91,25,16	64 254 B	\$397.00	\$198.50	\$1,203.04	\$601.52	\$1,820.18	\$650.32			No	No Extraction Coverage	No Vision Coverage		No	Yes	ded/coins		\$0/\$0	\$0	\$0	1	\$0	Specialty	90,0001916,000	\$2,000/\$4,000	2000000	80%	100%		\$4,000/\$8,000	\$2,000/\$4,000		Essential Qualified		Buy-up		watrust.
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