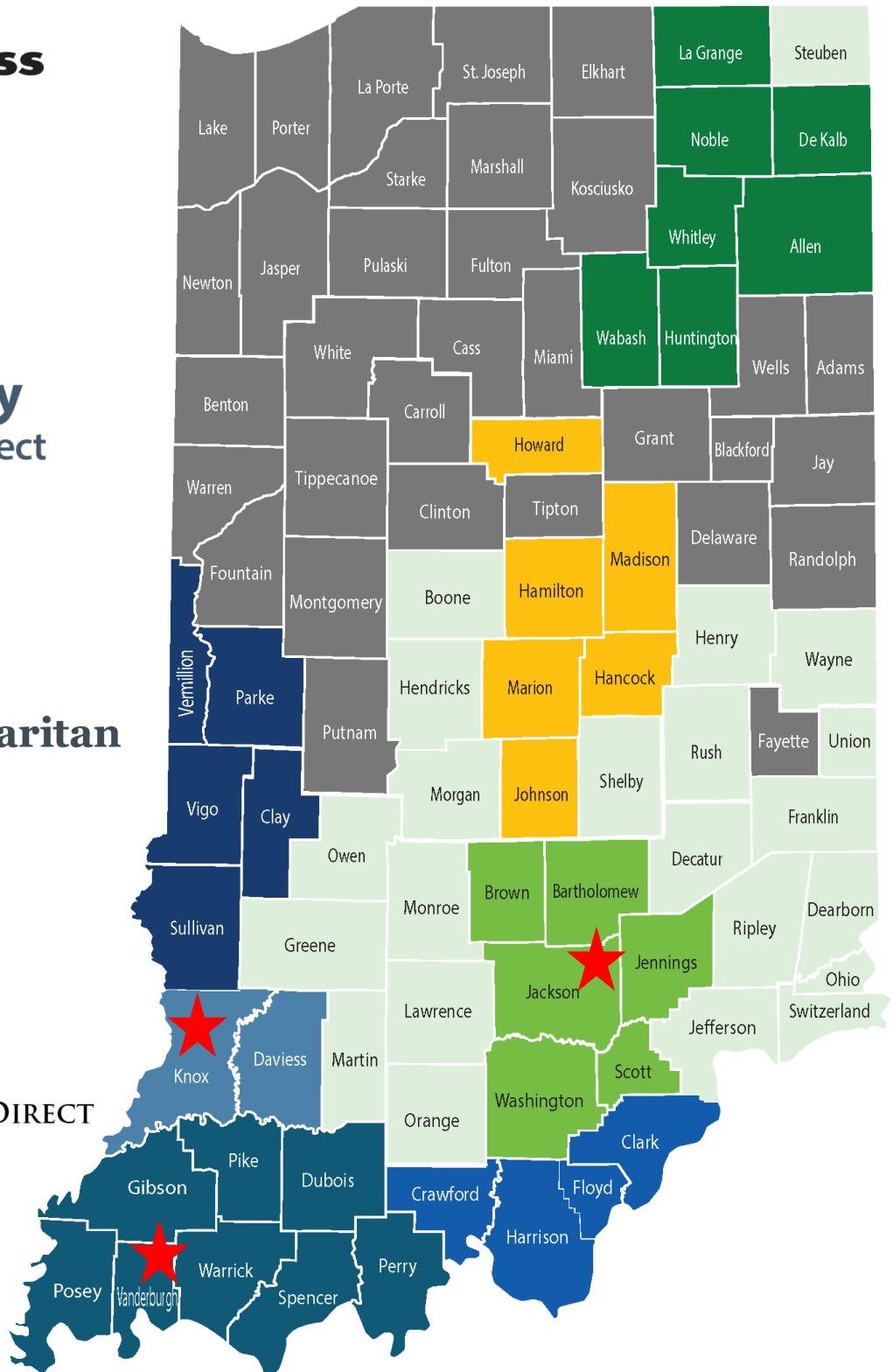










2024 LARGE GROUP PLANS








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CHOOSE YOUR NETWORK


 Deaconess OneCare	Pages 6–12
 SIHO NETWORK Plus	Pages 13–19
 Community Health Direct	Pages 20–25
 UNION HEALTH AN INTEGRATED HEALTH PLAN	Pages 26–28

 Good Samaritan Direct Health	Pages 29–32
 PARKVIEW SELECT CARE	Pages 33–38
 NORTON HEALTHCARE DIRECT	Pages 39–41
 encore COMBINED	Pages 42–52

STANDARD PLAN OPTIONS

Plan Type & Deductible	Deaconess OneCare 		SIHO Plus  		Community Health		Union Health- An Integrated Health Plan		Good Samaritan Direct Health  		Parkview Select Care		Norton Healthcare Direct		Encore Combined		
	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	2 Tier	3 Tier	
Choice 500																✓	✓
Choice 1000	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
Choice 1500																✓	✓
Choice 2000	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
Choice 2500	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
Choice 3000	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
Choice 3500																✓	✓
Choice 4000		✓		✓		✓		✓		✓		✓		✓			
Choice 5000	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
HSA 3200	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
HSA 3500																✓	✓
HSA 5000	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
HSA 6500	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓

 = Employer Clinic Included (Clinic details included where applicable)

 = Chamber Endorsed Plan

VOLUNTARY DENTAL OPTIONS

Offered through Health Resources Inc. | HRI Network

Services	Paramount	Preferred	Standard	Value
Calendar Year Deductible	NONE	NONE	NONE	NONE
Plan Year Benefit	\$1,500	\$1,250	\$1,000	\$750
Lifetime Orthodontia Maximum	\$1,000	\$1,250	\$1,000	N/A
Preventive Services <ul style="list-style-type: none"> Oral Exam (once every 6 months) Routine Cleanings (once every 6 months) Fluoride Treatment for Children up to age 14 (once every 6 months) Space Maintainers for Children Topical Sealants for Children up to age 15 	100%	100%	100%	100%
Diagnostic Services <ul style="list-style-type: none"> Bitewing X-Rays (once every year) Full Mouth (one every 4 years) 	100%	100%	80%	60%
Diagnostic Services <ul style="list-style-type: none"> Amalgam, Silicate & Composite Fillings Simple Extractions Repairs of dentures, bridgework, and crowns Endodontic Therapy (Paramount and Preferred Plans only) 	80%	80%	60%	50%
Major Services <ul style="list-style-type: none"> Oral Surgery & Complex Extractions Periodontal Therapy Endodontic Therapy (Standard and Value Plans only) Full & Partial Dentures Implants as an Alternate Procedure (Covered at 50% on all plans) Crowns Bridges 	50%	80%	50%	50%
Orthodontia (for children under age 19)	50%	50%	50%	Not Covered
Employee Only:	\$33.29	\$34.15	\$29.04	\$26.29
Employee + Spouse:	\$69.91	\$71.73	\$60.96	\$55.20
Employee + Child(ren):	\$87.35	\$89.58	\$76.15	\$68.94
Employee + Family:	\$122.81	\$126.04	\$107.14	\$97.00

Minimum of 2 employees to offer.

For more information on the dental plan including OON benefits, please contact sales.quotes@siho.org.

VOLUNTARY VISION OPTIONS

Offered through EyeMed Vision | Insight Network

Services	12/12 Plan	12/24 Plan
Eye Exam Frequency	Once every 12 Months	Once every 12 Months
Eye Exam Copay	\$10	\$10
Eyeglass Lens Frequency	Once every 12 Months	Once every 12 Months
Eyeglass Lens Copay	\$25 Additional charge for Progressive	\$25 Additional charge for Progressive
Eyeglass Frame Frequency	Once every 12 Months	Once every 24 Months
Eyeglass Frame Allowance	\$180 - 20% off balance over the \$180	\$150 - 20% off balance over the \$150
Eyeglass Frame Copay	\$0	\$0
Contact Lens Frequency	Once every 12 Months	Once every 12 Months
Contact Lens Allowance	\$180	\$150
Contact Lens Copay	\$0 - 15% off balance over the \$180	\$0 - 15% off balance over the \$150
Network	EyeMed	EyeMed
Employee Only:	\$9.62	\$6.30
Employee + Spouse:	\$18.28	\$11.97
Employee + Child(ren):	\$19.24	\$12.60
Employee + Family:	\$28.28	\$18.52



Minimum of 2 employees to offer.

For more information on the dental plan including OON benefits, please contact sales.quotes@siho.org.

Three Tier Plans



Plan Codes	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	NHS			NHT			NHU		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	NHV			NHW			NHX			NHY		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,200/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
Plan Codes	NH2			NH5			NH6		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,200	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,400	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Plan Codes	NFT	NFU	NFV	NFW
Annual Single Deductible	\$1,000	\$2,000	\$2,500	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000	\$11,000	\$12,000
PCP Office Visit	\$25	\$25	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	\$50	\$50
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$350	\$350
Urgent Care Facility	\$40	\$40	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25	\$30	\$30
Skilled Nursing Facility /LTACH (45 Day Maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 Day Maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$4,000	\$8,000	\$10,000	\$12,000
Annual Family Deductible	\$8,000	\$16,000	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$10	\$10	\$15	\$15
Brand Name Formulary	\$30	\$40	\$45	\$45
Brand Name Non-Formulary	\$45	\$60	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

Two Tier Plans



Plan Codes	PC Choice \$5,000/20%	PC Choice \$5,000/50%
	NFY	NFZ
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500,50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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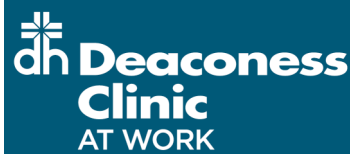
Two Tier Plans



	HSA \$3,200/0%	HSA \$5,000/0%	HSA \$6,500/0%
Plan Codes	NW1	NW2	NW4
Annual Single Deductible	\$3,200	\$5,000	\$6,500
Annual Family Deductible	\$6,400	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,200	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,400	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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CLINIC INFORMATION



We're excited to announce that effective January 1, 2024 that Deaconess Clinic at Work is now automatically included within Deaconess OneCare Small and Large Group Plans at no additional cost.

Clinic is available to members in Gibson, Posey, Spencer, Vanderburgh, and Warrick counties.

In your program, you'll find the following benefits available to you and your dependents:



Free Provider Visits*

Sick Visits, Annual Exams, Sports & Wellness Physicals, Chronic Disease Management, Basic In-Office Procedures, Stitches, EKGs.



Free Medications

Find a list of these medications at deaconess.com/dcawformulary.



Free Labs

Find a list at deaconess.com/dcawformulary.



Free DC Video Visits

8am–8pm, 365 days a year (age 2 and older)



Free 24-Hour Nurse Line

*Due to IRS Regulations, members on a High Deductible Health Plan will be subject to a \$30 Office Visit Charge.

Visit your company's Deaconess Clinic at Work web page for access to:

- Appointment Scheduling
- Medication Refills
- DC LIVE
- And More!

Locations

Hours listed are as of January 1, 2024

First Avenue– 812-450-4066

309 N. 1st Ave.,
Evansville, IN
Mon: 8am–Noon
Tue: 1–5pm
Wed: 9am–1pm
Thu: 8am–Noon
Fri: Noon–4pm

Lynch Road– 812-450-8720

4949 Healthy Way,
Suite A, Evansville, IN
Mon: 1pm–5pm
Tue: 8am–Noon
Wed: 2pm–6pm
Thu: 1pm–5pm
Fri: 7am–11am
Sat: 8am–Noon

Ft. Branch– 812-615-5019

7898 S. Professional Dr.,
Ft. Branch, IN
Mon: 8am–2pm
Tue: 1–6pm
Thu: Noon–5pm
Fri: 7am–11am

Mt. Vernon– 812-490-0813

813 E. 4th St.,
Mt. Vernon, IN
Mon: 8am–5pm
Wed: Noon–6pm
Fri: 8am–2pm

Reo– 812-492-5940

3434 W. IN-66,
Reo, IN
Mon: 7:30am–9:30am & 1–5pm
Tue: 7:30am–Noon
Thu: Noon–5pm
Fri: 7:30am–Noon

Henderson– 270-215-3150

340 Starlite Dr.,
Henderson, KY
Mon: 9am–6pm
Wed: 8am–Noon
Fri: 7am–4pm

Owensboro– 270-561-0140

2710 Heartland Crossing Blvd.,
Owensboro, KY
Mon: 7am–3pm
Wed: 11am–5pm
Fri: 8am–2pm



Three Tier Plans



Plan Codes	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	CRS			CRT			CTU		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 day annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	CRV			CRW			CRX			CRY		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,200/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
Plan Codes	C25			CR2			CR3		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,200	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,400	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%

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Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Plan Codes	CRA	CRB	CRC	CRD
Annual Single Deductible	\$1,000	\$2,000	\$2,500	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000	\$11,000	\$12,000
PCP Office Visit	\$25	\$25	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	\$50	\$50
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$350	\$350
Urgent Care Facility	\$40	\$40	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25	\$30	\$30
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$4,000	\$8,000	\$10,000	\$12,000
Annual Family Deductible	\$8,000	\$16,000	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$10	\$10	\$15	\$15
Brand Name Formulary	\$30	\$40	\$45	\$45
Brand Name Non-Formulary	\$45	\$60	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



Plan Codes	PC Choice \$5,000/20%	PC Choice \$5,000/50%
	CRF	CRG
Annual Single Deductible		
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible		
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)		
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)		
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500,50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible		
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*		
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single		
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family		
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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Two Tier Plans



	HSA \$3,200/0%	HSA \$5,000/0%	HSA \$6,500/0%
Plan Codes	CR4	CR5	CR6
Annual Single Deductible	\$3,200	\$5,000	\$6,500
Annual Family Deductible	\$6,400	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,200	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,400	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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CLINIC INFORMATION



Plan members receive services at No Cost or Low Cost.

Clinic is available to Jackson, Jennings, Washington and Scott counties only.



Healthcare Services

- Treatment for minor medical problems (allergies, ear infections, flu, strep, minor infections and rashes, etc.)
- Respiratory conditions
- Digestive and urinary conditions
- Chronic disease management
- Blood pressure checks
- Annual physical exams
- On-site wellness coaching
- Health screenings
- Sports Physicals
- And More...



Prescriptions

Original prescriptions will be provided by WellLife. Refills of prescriptions can be filled with your local pharmacy or a mail-order pharmacy. Original prescriptions will be provided at no cost to most members. Members with high-deductible health plans will pay \$5.00 for prescriptions.*



Lab Work

Lab work ordered by WellLife will be drawn at the clinic. A list of labs available through the clinic is available. Labs ordered that are not available through WellLife will be processed through member's health plan. Labs will be provided at no cost to most members. Members with high-deductible health plans will pay \$15 per lab test performed at WellLife.*



High Deductible Health Plans

High-deductible health plans do not allow members to receive first-dollar coverage. To remain compliant & avoid tax penalties, it's necessary to charge a small fee for reasonable & customary services. Preventive services can be provided at no charge.

Hours:

Monday/Wednesday 8am–6pm
Tuesday/Thursday 7am–6pm
Friday 8am–4pm

Phone:

812-523-5185
Call to schedule
an appointment

Location:

100 North Walnut Street
Seymour, Indiana
47274

Three Tier Plans



Plan Codes	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	CUS			CUT			CUV		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 day annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	CUW			CUX			CUY			CUZ		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,200/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
Plan Codes	CU5			CU3			CU4		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,200	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,400	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%

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Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Plan Codes	CVS	CVT	CVU	CVW
Annual Single Deductible	\$1,000	\$2,000	\$2,500	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000	\$11,000	\$12,000
PCP Office Visit	\$25	\$25	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	\$50	\$50
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$350	\$350
Urgent Care Facility	\$40	\$40	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25	\$30	\$30
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$4,000	\$8,000	\$10,000	\$12,000
Annual Family Deductible	\$8,000	\$16,000	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$10	\$10	\$15	\$15
Brand Name Formulary	\$30	\$40	\$45	\$45
Brand Name Non-Formulary	\$45	\$60	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



Plan Codes	PC Choice \$5,000/20%	PC Choice \$5,000/50%
	CVX	CVZ
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500,50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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Two Tier Plans



	HSA \$3,200/0%	HSA \$5,000/0%	HSA \$6,500/0%
Plan Codes	CV1	CV2	CV3
Annual Single Deductible	\$3,200	\$5,000	\$6,500
Annual Family Deductible	\$6,400	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,200	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,400	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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Three Tier Plans



Plan Codes	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	UTC			UTD			UTE		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	UTF			UTG			UTH			UTK		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,200/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
Plan Codes	UT1			UT3			UT4		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,200	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,400	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	GSS			GST			GSU		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans

Plan Codes	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	GSV			GSW			GSX			GSY		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$23,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans

	HSA Plan \$3,200/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
Plan Codes	GS4			GS2			GS3		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,200	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,400	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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CLINIC INFORMATION



Good Samaritan
Wellness Matters

As part of the Good Samaritan Direct Health program, Employers will automatically have access to the Wellness Matters Clinic.

Visits to the Wellness Matters Clinic will be free of charge to all members of the plan as the cost of the program is included within the premium.

The clinic offers physicals, wellness exams, chronic care management, health maintenance, on-site lab draw & medications for all your acute and wellness needs.

Healthcare services offered:

- Physicals (Sports, School, Annual)
- DOT/CDL
- Well-Man or Woman Exams
- Pelvic Exams
- Chronic Care Management
- Health Maintenance
- Referrals for Screening Tests
- Mental Health Needs: Depression, Anxiety, etc.
- Weight loss Counseling
- Birth Control
- Health Action Plans

Urgent Concerns:

- Splinter Removal
- Breathing Treatments
- Treatment of Minor Injuries & Illnesses
- Urinary Tract Infections
- Common Rashes
- Minor Respiratory Illness
- Ear Pain & Ear Wax Issues
- Pink Eye
- Sinus Pain
- Allergies
- STI Testing & Treatment
- Simple Abscesses / Boils

Hours:
Monday-Thursday
(8am-5pm)

Phone:
(812) 885-8945
Visits by Appointment Only

Medical Center of Vincennes
406 N. 1st Street
Vincennes, IN

Three Tier Plans



Plan Codes	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	PXS			PXT			PXU		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Home Health (60 day annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	PXV			PXX			PXY			PXZ		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 10%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



	HSA Plan \$3,200/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
Plan Codes	PX4			PX8			PX9		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,200	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,400	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 20%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%

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Two Tier Plans



	PC Choice \$1,000/20%	PC Choice \$2,000/20%	PC Choice \$2,500/20%	PC Choice \$3,000/20%
Plan Codes	PWA	PWB	PWC	PWD
Annual Single Deductible	\$1,000	\$2,000	\$2,500	\$3,000
Annual Family Deductible	\$2,000	\$4,000	\$5,000	\$6,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$5,500	\$5,500	\$6,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$11,000	\$11,000	\$12,000
PCP Office Visit	\$25	\$25	\$30	\$30
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	\$50	\$50
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$350	\$350
Urgent Care Facility	\$40	\$40	\$50	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$40	\$40	\$50	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$25	\$25	\$30	\$30
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:				
Annual Single Deductible	\$4,000	\$8,000	\$10,000	\$12,000
Annual Family Deductible	\$8,000	\$16,000	\$20,000	\$24,000
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$10	\$10	\$15	\$15
Brand Name Formulary	\$30	\$40	\$45	\$45
Brand Name Non-Formulary	\$45	\$60	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



Plan Codes	PC Choice \$5,000/20%	PC Choice \$5,000/50%
	PWF	PWG
Annual Single Deductible		
Annual Single Deductible	\$5,000	\$5,000
Annual Family Deductible		
Annual Family Deductible	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)		
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, coinsurance)		
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$17,400	\$17,400
PCP Office Visit	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$90
Preventive Care	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$500,50%
Urgent Care Facility	\$50	\$90
Ambulance	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 50%
Home Health (60 visit maximum)	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%
Out of Network:		
Annual Single Deductible		
Annual Single Deductible	\$16,300	\$16,300
Annual Family Deductible		
Annual Family Deductible	\$32,600	\$32,600
Coinsurance for All Services*		
Coinsurance for All Services*	50%	50%
Annual OOP Max - Single		
Annual OOP Max - Single	\$26,100	\$26,100
Annual OOP Max - Family		
Annual OOP Max - Family	\$52,200	\$52,200
Pharmacy:		
Generic Drug	\$15	\$15
Brand Name Formulary	\$45	\$45
Brand Name Non-Formulary	\$70	\$70
Specialty Drugs**	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x

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Two Tier Plans



	HSA \$3,200/0%	HSA \$5,000/0%	HSA \$6,500/0%
Plan Codes	PW1	PW2	PW3
Annual Single Deductible	\$3,200	\$5,000	\$6,500
Annual Family Deductible	\$6,400	\$10,000	\$13,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,200	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$6,400	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit (20% for Ancillary Services)	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$11,200	\$13,800	\$19,500
Annual Family Deductible	\$22,400	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs**	Ded, 0%	Ded, 0%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x

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Three Tier PPO

Plan Codes	Choice \$1,000/10%			Choice \$2,000/10%			Choice \$2,500/10%		
	NTA			NTB			NTC		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000	\$2,500	\$5,000	\$10,000
Annual Family Deductible	\$2,000	\$4,000	\$8,000	\$4,000	\$8,000	\$16,000	\$5,000	\$10,000	\$20,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$4,000	\$7,000	\$26,100	\$5,500	\$8,500	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$8,000	\$14,000	\$52,200	\$11,000	\$17,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Emergency Room	\$300	\$300	\$300	\$300	\$300	\$300	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$60	\$60	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$80	Ded, 50%	\$50	\$80	Ded, 50%	\$60	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$25	\$40	Ded, 50%	\$25	\$40	Ded, 50%	\$30	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%
Pharmacy:									
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$60	\$60	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



NORTON
HEALTHCARE DIRECT

Administered by SIHO

Plan Codes	Choice \$3,000/10%			Choice \$4,000/10%			Choice \$5,000 /10%			Choice \$5,000/50%		
	NTD			NTE			NTF			NTG		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$6,000	\$12,000	\$24,000	\$8,000	\$16,000	\$32,000	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$8,700	\$26,100	\$8,000	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$17,400	\$52,200	\$16,000	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$45	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%	\$40	\$55	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$400	\$400	\$400	\$400	\$400	\$400	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$60	\$60	Ded, 50%	\$80	\$80	Ded, 50%	\$80	\$80	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 20%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$60	\$90	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%	\$80	\$110	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$45	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Skilled Nursing Facility/ LTACH (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 10%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:												
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



NORTON
HEALTHCARE DIRECT
Administered by SIHO

	HSA Plan \$3,200/0%			HSA Plan \$5,000/0%			HSA Plan \$6,500/0%		
Plan Codes	NT4			NT2			NT3		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$3,200	\$7,500	\$21,150	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$6,400	\$15,000	\$42,300	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:									
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Prime Care Choice \$500/20%			Prime Care Choice \$1000/20%		
	LPA			LPB		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$500	\$1,000	\$2,000	\$1,000	\$2,000	\$4,000
Annual Family Deductible	\$1,000	\$2,000	\$4,000	\$2,000	\$4,000	\$8,000
Annual OOP Max - Single (incl Deductible, copay, and coinsurance)	\$2,500	\$5,500	\$26,100	\$4,000	\$7,000	\$26,100
Annual OOP Max - Family (incl Deductible, copay, and coinsurance)	\$5,000	\$11,000	\$52,200	\$8,000	\$13,000	\$52,200
PCP Office Visit	\$20	\$20	Ded, 50%	\$25	\$25	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Urgent Care Facility	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual max)	\$30	\$30	Ded, 50%	\$40	\$40	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$20	\$20	Ded, 50%	\$25	\$25	Ded, 50%
Skilled Nursing Facility/LTACH (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Home Health (60 visit annual max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%
Brand Name Formulary	\$30	\$30	Ded, 50%	\$30	\$30	Ded, 50%
Brand Name Non-Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Prime Care Choice \$1500/20%			Prime Care Choice \$2000/20%		
	LPC			LPD		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$1,500	\$3,000	\$6,000	\$2,000	\$4,000	\$8,000
Annual Family Deductible	\$3,000	\$6,000	\$12,000	\$4,000	\$8,000	\$16,000
Annual OOP Max - Single (incl Deductible, copay, and coinsurance)	\$5,000	\$8,000	\$26,100	\$5,500	\$8,500	\$26,100
Annual OOP Max - Family (incl Deductible, copay, and coinsurance)	\$10,000	\$16,000	\$52,200	\$11,000	\$17,000	\$52,200
PCP Office Visit	\$25	\$25	Ded, 50%	\$25	\$25	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Urgent Care Facility	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual max)	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$25	\$25	Ded, 50%	\$25	\$25	Ded, 50%
Skilled Nursing Facility/LTACH (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Home Health (60 visit annual max)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	\$10	\$10	Ded, 50%	\$10	\$10	Ded, 50%
Brand Name Formulary	\$40	\$40	Ded, 50%	\$40	\$40	Ded, 50%
Brand Name Non-Formulary	\$60	\$60	Ded, 50%	\$60	\$60	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Prime Care Choice \$2500/20%			Prime Care Choice \$3000/20%			Prime Care Choice \$3500 /20%		
	LPE			LPF			LPG		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of- Network
Annual Single Deductible	\$2,500	\$5,000	\$10,000	\$3,000	\$6,000	\$12,000	\$3,500	\$7,000	\$14,000
Annual Family Deductible	\$5,000	\$10,000	\$20,000	\$6,000	\$12,000	\$24,000	\$7,000	\$14,000	\$28,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$5,500	\$8,500	\$26,100	\$6,000	\$8,700	\$26,100	\$7,000	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$11,000	\$17,000	\$52,200	\$12,000	\$17,400	\$52,200	\$14,000	\$17,400	\$52,200
PCP Office Visit	\$30	\$30	Ded, 50%	\$30	\$30	Ded, 50%	\$30	\$30	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350
Urgent Care Facility	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%	\$50	\$50	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	Ded, 50%	\$30	\$30	Ded, 50%	\$30	\$30	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 20%	Ded, 30%	Ded, 50%
Pharmacy:									
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	Prime Care Choice \$5000 /20%			Prime Care Choice \$5000/50%		
	LPH			LPJ		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$5,000	\$8,150	\$16,300	\$5,000	\$8,150	\$16,300
Annual Family Deductible	\$10,000	\$16,300	\$32,600	\$10,000	\$16,300	\$32,600
Annual OOP Max - Single (incl Deductible, copay, and coinsurance)	\$8,700	\$8,700	\$26,100	\$8,700	\$8,700	\$26,100
Annual OOP Max - Family (incl Deductible, copay, and coinsurance)	\$17,400	\$17,400	\$52,200	\$17,400	\$17,400	\$52,200
PCP Office Visit	\$30	\$30	Ded, 50%	\$45	\$45	Ded, 50%
Specialist Office Visit (20% for Ancillary Services)	\$50	\$50	Ded, 50%	\$90	\$90	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$500, 50%	\$500, 50%	\$500, 50%
Urgent Care Facility	\$50	\$50	Ded, 50%	\$100	\$100	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 50%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$50	Ded, 50%	\$90	\$90	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	Ded, 50%	\$45	\$45	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 50%	Ded, 50%	Ded, 50%
Pharmacy:						
Generic Drug	\$15	\$15	Ded, 50%	\$15	\$15	Ded, 50%
Brand Name Formulary	\$45	\$45	Ded, 50%	\$45	\$45	Ded, 50%
Brand Name Non-Formulary	\$70	\$70	Ded, 50%	\$70	\$70	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%
Mail Order	2.5x	2.5x	N/A	2.5x	2.5x	N/A

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Three Tier Plans



Plan Codes	HSA Plan \$3200/20%			HSA Plan \$3200/0%		
	LP7			LP8		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,200	\$5,600	\$11,200	\$3,200	\$5,600	\$11,200
Annual Family Deductible	\$6,400	\$11,200	\$22,400	\$6,400	\$11,200	\$22,400
Annual OOP Max - Single (incl Deductible, and coinsurance)	\$6,000	\$7,500	\$21,150	\$3,200	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, and coinsurance)	\$12,000	\$15,000	\$42,300	\$6,400	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded		
PCP Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%

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Three Tier Plans



Plan Codes	HSA Plan \$3500/20%			HSA Plan \$3500/0%		
	LP3			LP4		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$3,500	\$7,000	\$14,000	\$3,500	\$7,000	\$14,000
Annual Family Deductible	\$7,000	\$14,000	\$28,000	\$7,000	\$14,000	\$28,000
Annual OOP Max - Single (incl Deductible, and coinsurance)	\$7,000	\$7,500	\$21,150	\$3,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, and coinsurance)	\$14,000	\$15,000	\$42,300	\$7,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded		
PCP Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (60 visit annual maximum)	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Brand Name Non-Formulary	Ded, 20%	Ded, 20%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialty Drugs**	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%

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Three Tier Plans



Plan Codes	HSA Plan \$5000/0%			HSA Plan \$6500/0%		
	LP5			LP6		
	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network	Tier 1 Network	Tier 2 Network	Tier 3 Out-of-Network
Annual Single Deductible	\$5,000	\$6,500	\$13,800	\$6,500	\$6,750	\$19,500
Annual Family Deductible	\$10,000	\$13,000	\$27,600	\$13,000	\$13,500	\$39,000
Annual OOP Max - Single (incl Deductible, coinsurance)	\$5,000	\$7,500	\$21,150	\$7,500	\$7,500	\$21,150
Annual OOP Max - Family (incl Deductible, coinsurance)	\$10,000	\$15,000	\$42,300	\$15,000	\$15,000	\$42,300
Family Deductible / OOP Max	Embedded			Embedded		
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Preventive Care	0%	0%	Not Covered	0%	0%	Not Covered
Inpatient Hospital Services	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 0%	Ded, 50%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Home Health (60 visit maximum)	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Hospice	Ded, 0%	Ded, 30%	Ded, 50%	Ded, 0%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$10	Ded, \$10	Ded, 50%
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$50	Ded, \$50	Ded, 50%
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, 50%	Ded, \$100	Ded, \$100	Ded, 50%
Specialty Drugs**	Ded, 0%	Ded, 0%	Mail Order Only Ded, 50%	Ded, 30%	Ded, 30%	Mail Order Only Ded, 50%

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Two Tier Plans



	PC Choice \$500/20%	PC Choice \$1000/20%	PC Choice \$1500/20%	PC Choice \$2000/20%	PC Choice \$2500/20%
Plan Codes	7AR	7AS	7AT	7AU	7AV
Annual Single Deductible	\$500	\$1,000	\$1,500	\$2,000	\$2,500
Annual Family Deductible	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$2,500	\$4,000	\$5,000	\$5,500	\$5,500
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$5,000	\$8,000	\$10,000	\$11,000	\$11,000
PCP Office Visit	\$20	\$25	\$25	\$25	\$30
Specialist Office Visit (20% for Ancillary Services)	\$30	\$40	\$40	\$40	\$50
Preventive Care	0%	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Emergency Room	\$250	\$250	\$250	\$250	\$350
Urgent Care Facility	\$30	\$40	\$40	\$40	\$50
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	\$30	\$40	\$40	\$40	\$50
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Outpatient Behavioral Health	\$20	\$25	\$25	\$25	\$30
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
Out of Network:					
Annual Single Deductible	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Annual Family Deductible	\$4,000	\$8,000	\$12,000	\$16,000	\$20,000
Coinsurance for All Services*	50%	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:					
Generic Drug	\$10	\$10	\$10	\$10	\$15
Brand Name Formulary	\$30	\$30	\$40	\$40	\$45
Brand Name Non-Formulary	\$45	\$45	\$60	\$60	\$70
Specialty Drugs **	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



	PC Choice \$3000/20%	PC Choice \$3500/20%	PC Choice \$5000/20%	PC Choice \$5000/50%
Plan Codes	7AW	7AX	7AY	7AZ
Annual Single Deductible	\$3,000	\$3,500	\$5,000	\$5,000
Annual Family Deductible	\$6,000	\$7,000	\$10,000	\$10,000
Annual OOP Max - Single (incl Deductible, copay, & coinsurance)	\$6,000	\$7,000	\$8,700	\$8,700
Annual OOP Max - Family (incl Deductible, copay, & coinsurance)	\$12,000	\$14,000	\$17,400	\$17,400
PCP Office Visit	\$30	\$30	\$30	\$45
Specialist Office Visit (20% for Ancillary Services)	\$50	\$50	\$50	\$90
Preventive Care	0%	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Emergency Room	\$350	\$350	\$350	\$500,50%
Urgent Care Facility	\$50	\$50	\$50	\$90
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Chiropractic Services (15 visit annual maximum)	\$50	\$50	\$50	\$90
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	\$30	\$30	\$45
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Home Health (60 visit maximum)	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 50%
Out of Network:				
Annual Single Deductible	\$12,000	\$14,000	\$16,300	\$16,300
Annual Family Deductible	\$24,000	\$28,000	\$32,600	\$32,600
Coinsurance for All Services*	50%	50%	50%	50%
Annual OOP Max - Single	\$26,100	\$26,100	\$26,100	\$26,100
Annual OOP Max - Family	\$52,200	\$52,200	\$52,200	\$52,200
Pharmacy:				
Generic Drug	\$15	\$15	\$15	\$15
Brand Name Formulary	\$45	\$45	\$45	\$45
Brand Name Non-Formulary	\$70	\$70	\$70	\$70
Specialty Drugs **	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%
Mail Order	2.5x	2.5x	2.5x	2.5x

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Two Tier Plans



	HSA \$3200/20%	HSA \$3200/0%	HSA \$3500/20%
Plan Code	7YJ	7YL	7YP
Annual Single Deductible	\$3,200	\$3,200	\$3,500
Annual Family Deductible	\$6,400	\$6,400	\$7,000
Annual OOP Max - Single (incl Deductible and coinsurance)	\$6,000	\$3,000	\$7,000
Annual OOP Max - Family (incl Deductible and coinsurance)	\$12,000	\$6,000	\$14,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 20%	Ded, 0%	Ded, 20%
Specialist Office Visit	Ded, 20%	Ded, 0%	Ded, 20%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 20%	Ded, 0%	Ded, 20%
Outpatient Hospital Services	Ded, 20%	Ded, 0%	Ded, 20%
Professional Services (In & Out)	Ded, 20%	Ded, 0%	Ded, 20%
Emergency Room	Ded, 20%	Ded, 0%	Ded, 20%
Urgent Care Facility	Ded, 20%	Ded, 0%	Ded, 20%
Ambulance	Ded, 20%	Ded, 0%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 20%	Ded, 0%	Ded, 20%
Chiropractic Services (15 visit annual maximum)	Ded, 20%	Ded, 0%	Ded, 20%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 0%	Ded, 20%
Inpatient Behavioral Health	Ded, 20%	Ded, 0%	Ded, 20%
Outpatient Behavioral Health	Ded, 20%	Ded, 0%	Ded, 20%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 20%	Ded, 0%	Ded, 20%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 20%	Ded, 0%	Ded, 20%
Home Health (60 visit maximum)	Ded, 20%	Ded, 0%	Ded, 20%
Hospice	Ded, 20%	Ded, 0%	Ded, 20%
Out of Network:			
Annual Single Deductible	\$11,200	\$11,200	\$14,000
Annual Family Deductible	\$22,400	\$22,400	\$28,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 20%	Ded, 0%	Ded, 20%
Brand Name Formulary	Ded, 20%	Ded, 0%	Ded, 20%
Brand Name Non-Formulary	Ded, 20%	Ded, 0%	Ded, 20%
Specialty Drugs **	Ded, 30%	Ded, 0%	Ded, 30%

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Two Tier Plans



	HSA \$3500/0%	HSA \$5000/0%	HSA \$6500/0%
Plan Code	7YQ	7YR	7YS
Annual Single Deductible	\$3,500	\$5,000	\$6,500
Annual Family Deductible	\$7,000	\$10,000	\$13,000
Annual OOP Max - Single Single (incl Deductible and coinsurance)	\$3,500	\$5,000	\$7,500
Annual OOP Max - Family (incl Deductible and coinsurance)	\$7,000	\$10,000	\$15,000
Family Deductible / OOP Max	Embedded	Embedded	Embedded
PCP Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Specialist Office Visit	Ded, 0%	Ded, 0%	Ded, 0%
Preventive Care	0%	0%	0%
Inpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Hospital Services	Ded, 0%	Ded, 0%	Ded, 0%
Professional Services (In & Out)	Ded, 0%	Ded, 0%	Ded, 0%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, 0%	Ded, 0%	Ded, 0%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual maximum each)	Ded, 0%	Ded, 0%	Ded, 0%
Chiropractic Services (15 visit annual maximum)	Ded, 0%	Ded, 0%	Ded, 0%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 0%	Ded, 0%
Inpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Outpatient Behavioral Health	Ded, 0%	Ded, 0%	Ded, 0%
Skilled Nursing Facility/LTACH (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Acute Inpatient Rehabilitation (45 day maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Home Health (60 visit maximum)	Ded, 0%	Ded, 0%	Ded, 0%
Hospice	Ded, 0%	Ded, 0%	Ded, 0%
Out of Network:			
Annual Single Deductible	\$14,000	\$13,800	\$19,500
Annual Family Deductible	\$28,000	\$27,600	\$39,000
Coinsurance for All Services*	50%	50%	50%
Annual OOP Max - Single	\$21,150	\$21,150	\$21,150
Annual OOP Max - Family	\$42,300	\$42,300	\$42,300
Pharmacy:			
Generic Drug	Ded, 0%	Ded, 0%	Ded, \$10
Brand Name Formulary	Ded, 0%	Ded, 0%	Ded, \$50
Brand Name Non-Formulary	Ded, 0%	Ded, 0%	Ded, \$100
Specialty Drugs **	Ded, 0%	Ded, 0%	Ded, 30%

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

READY FOR A QUOTE?

Required Items to Quote:

- 1 Employer Information**
Employer's Name, Employer's Address, SIC Code, Total Eligible
- 2 Effective Date**
- 3 Census**
Employee's Name & DOB, Dependent's Name(s) & DOB(s), Spouse's Name & DOB, Employee's Gender, Employee's Zip Code, Coverage Tiers, and Plan Selection if Multiple Plans
- 4 2-3 Years of Claim Data**
Medical Paid Claims by Month, RX Paid Claims by Month, High Cost Member Paid Claims together with Diagnosis and Prognosis Prefer at least 8 months of current plan
- 5 SIHO Applications**
If claims data is not available, applications are required. Signed within 60 days
- 6 Current Plan Design or Renewal Rates**
Renewal Rates preferred
- 7 Desired Plan Options**

Send To: Sales.Quotes@siho.org

MEET YOUR SALES TEAM



Contact	Lisa Blankenship
Phone	812.447.5565
Email	Lisa.Blankenship@siho.org



Contact	John Sadtler Jr.
Phone	812.341.1099
Email	JC.Sadtler@siho.org



Contact	Troy Harsh
Phone	812.447.6182
Email	Troy.Harsh@siho.org

YOUR **NOTES**



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SIHO prides itself on making the shift from being customer-focused to a customer-centric organization to create a best in class experience through communications, services, and products.

SIHO's team has the training and resources to help members navigate through their medical events and ensures that the administration of the health plan operates efficiently.

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The plans illustrated in this brochure are representative examples. Because plan details change from time to time, your plan may have different benefits. Refer to your Certificate of Coverage for the specific benefits available to you. For more information on these plans, contact your authorized SIHO agent/broker or SIHO account coordinator.