

Health

HMO Copay Plan	Network Health Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$2,000	N/A
Family	\$4,000	N/A
Out-of-Pocket Maximum		
Single	\$4,000	N/A
Family	\$8,000	N/A
Coinsurance	80%	N/A
Office Visit		
Primary/Specialist Care Physician	\$20 / \$50 Copay	N/A
Preventive Care	Select Services Covered in Full	N/A
Virtual Visits (MD Live)	\$10 Copay	N/A
Urgent Care	\$150 Copay	N/A
Emergency Room	\$250 Copay	\$250 Copay
Hospital Services	Deductible & Coinsurance	N/A
Prescription Coverage	\$10/\$25/\$50/\$100/\$200	
Monthly Rates		
Employee	\$804.16	
Employee/Spouse	\$1,608.30	
Employee/Child(ren)	\$1,527.90	
Family	\$1,913.88	
HMO HDHP	Network Health Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$3,000	N/A
Family	\$6,000	N/A
Out-of-Pocket Maximum		
Single	\$3,000	N/A
Family	\$6,000	N/A
Coinsurance	100%	N/A
Office Visit		
Primary/Specialist Care Physician	Deductible	N/A
Preventive Care	Select Services Covered in Full	N/A
Virtual Visits	Deductible	N/A
Urgent Care	Deductible	N/A
Emergency Room	Deductible	Deductible
Hospital Services	Deductible	N/A
Prescription Coverage	Deductible	
Monthly Rates		
Employee	\$721.90	
Employee/Spouse	\$1,443.80	
Employee/Child(ren)	\$1,371.63	
Family	\$1,718.12	