

Standard EPO Non-HSA Plans

PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family	What Participants Pay	Single	Family	PCP	Specialist			
LFS25_E0_COPAY1	\$0	\$0	0%	\$5,000	\$10,000	\$50 per visit	\$125 per visit	\$2,000 per visit	\$75 per visit	\$0 per visit
LFS25_E0_COPAY2	\$0	\$0	0%	\$9,100	\$18,200	\$50 per visit	\$125 per visit	\$2,000 per visit	\$75 per visit	\$0 per visit
LFS_E500_22_CC	\$500	\$1,000	20%	\$2,500	\$5,000	\$25 per visit	\$75 per visit	\$400 per visit	\$150 per visit	\$0 per visit
LFS_E1000_22_CC	\$1,000	\$2,000	20%	\$3,000	\$6,000					
LFS_E1500_22_CC	\$1,500	\$3,000	20%	\$3,500	\$7,000					
LFS_E2000_22_CC	\$2,000	\$4,000	20%	\$4,000	\$8,000					
LFS_E2500_22_CC	\$2,500	\$5,000	20%	\$4,500	\$9,000					
LFS_E3000_22_CC	\$3,000	\$6,000	20%	\$5,000	\$10,000					
LFS_E4000_22_CC	\$4,000	\$8,000	20%	\$6,000	\$12,000					
LFS_E5000_22_CC	\$5,000	\$10,000	20%	\$7,000	\$14,000					

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

Pharmacy Benefits

All Standard EPO Non-HSA Plans		
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$25 per prescription or refill
	Preferred drugs	\$45 per prescription or refill
	Non-preferred drugs	\$80 per prescription or refill
	Preferred specialty drugs	25% after deductible
	Non-preferred specialty drugs	40% after deductible
Mail order 90-day supply	Preventive drugs	\$0 per prescription or refill
	Generic drugs	\$65 per prescription or refill
	Preferred drugs	\$120 per prescription or refill
	Non-preferred drugs	\$240 per prescription or refill
	Preferred specialty drugs	No mail order
	Non-preferred specialty drugs	No mail order