

Value POS HSA Plans

PLAN NAME	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit			
	In-Network		Out-of-Network		In-Network	Out-of-Network	In-Network		Out-of-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP	Specialist	PCP	Specialist
LFS22HSAPV2800_10	\$2,800	\$5,600	\$7,000	\$14,000	10%	30%	\$6,900	\$13,800	\$9,000	\$18,000	\$35 after deductible	\$70 after deductible	30%*	30%*
HSAPV2800_30	\$2,800	\$5,600	\$8,000	\$16,000	30%	50%	\$6,900	\$13,800	\$11,000	\$22,000			50%*	50%*
LFS22HSAPV4000_10	\$4,000	\$8,000	\$8,000	\$16,000	10%	30%	\$6,900	\$13,800	\$12,000	\$24,000			30%*	30%*
HSAPV4000_30	\$4,000	\$8,000	\$9,000	\$18,000	30%	50%	\$6,900	\$13,800	\$13,000	\$26,000			50%*	50%*
LFS22HSAPV5000_10	\$5,000	\$10,000	\$9,000	\$18,000	10%	30%	\$6,900	\$13,800	\$13,000	\$26,000			30%*	30%*
HSAPV5000_30	\$5,000	\$10,000	\$11,000	\$22,000	30%	50%	\$6,900	\$13,800	\$14,000	\$28,000			50%*	50%*
LFS22HSAPV6000_10	\$6,000	\$12,000	\$10,000	\$20,000	10%	30%	\$6,900	\$13,800	\$14,000	\$28,000			30%*	30%*
HSAPV6000_30	\$6,000	\$12,000	\$12,000	\$24,000	30%	50%	\$6,900	\$13,800	\$15,000	\$30,000			50%*	50%*

***Cost per visit after deductible has been met**

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.

Emergency/Urgent Care

	Value POS HSA Plans with 10% Coinsurance		Value POS HSA Plans with 30% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room	\$500 after deductible		\$500 after deductible	
Urgent Care	\$200 after deductible	30% after deductible	\$200 after deductible	50% after deductible

MDLIVE® Virtual Visits

Subject to deductible only. Benefits are only available through the Network Health virtual visit provider network.

(Example: Sue has a virtual visit with an online doctor. The cost is \$55. If she has already met her deductible, her out-of-pocket cost is \$0. If Sue has not met her deductible yet, she will pay \$55 for the virtual visit and it will be applied toward her deductible.)

Value POS HSA Plans Pharmacy

		All Value POS HSA Plans	
		In-Network	Out-of-Network
Retail 30-day supply	Preventive Drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$25 per prescription or refill after deductible	Not Covered
	Preferred drugs	\$45 per prescription or refill after deductible	Not Covered
	Non-preferred drugs	\$80 per prescription or refill after deductible	Not Covered
	Preferred specialty drugs	35% after deductible	Not Covered
	Non-preferred specialty drugs	50% after deductible	Not Covered
Mail order 90-day supply	Preventive Drugs	\$0 per prescription or refill	Not Covered
	Generic drugs	\$65 per prescription or refill after deductible	Not Covered
	Preferred drugs	\$120 per prescription or refill after deductible	Not Covered
	Non-preferred drugs	\$240 per prescription or refill after deductible	Not Covered
	Preferred specialty drugs	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered