

2018 SMALL GROUP HMO PLANS

All plans listed are compliant with the Affordable Care Act (ACA).



PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		MDLIVE®	ER	Urgent Care
	Single	Family	What Member Pays	Single	Family	PCP	Specialist			
BRONZE HDHP HMO 6500_20	\$6,500	\$13,000	20%	\$6,650	\$13,300	D/C	D/C	D/C	D/C	D/C
BRONZE HDHP HMO 5000_20	\$5,000	\$10,000	20%	\$6,650	\$13,300	D/C	D/C	D/C	D/C	D/C
SILVER HDHP HMO 3500_0	\$3,500	\$7,000	0%	\$4,500	\$9,000	D	D	D	D	D
SILVER HMO 3500_20	\$3,500	\$7,000	20%	\$7,350	\$14,700	\$35	\$70 after deductible	\$25	\$300 after deductible	\$100
SILVER HMO 2500_20	\$2,500	\$5,000	20%	\$7,350	\$14,700	\$30	\$60 after deductible	\$20	\$250 after deductible	\$80
GOLD HDHP HMO 2000_0	\$2,000	\$4,000	0%	\$3,000	\$6,000	D	D	D	D	D
GOLD HMO 1000_20	\$1,000	\$2,000	20%	\$7,350	\$14,700	\$25	\$50	\$15	\$250	\$75
GOLD HMO 500_20	\$500	\$1,000	20%	\$5,500	\$11,000	\$20	\$40	\$10	\$200	\$70

D = Deductible

D/C = Deductible and Coinsurance

All copayments (medical and pharmacy) are applied to a common out-of-pocket maximum. HDHP plans with a deductible of \$3,500 or more have embedded deductibles to be compliant with ACA requirements.

These summaries are only intended to highlight and give a general description of some of the benefits available. For a complete description of the benefits, limitations and exclusions, please refer to the Summary of Member Responsibility Tables and Certificate of Coverage.

2018 SMALL GROUP HMO PLANS PHARMACY

		GOLD HMO 500 GOLD HMO 1000	SILVER HMO 2500 SILVER HMO 3500	GOLD HDHP HMO 2000	SILVER HDHP HMO 3500	BRONZE HDHP HMO 5000 BRONZE HDHP HMO 6500
Retail 30-day supply	Preventive drugs	\$0 per prescription or refill				
	Adherence generics (limited to categories of antidiabetics, statins and RAS antagonists)	Tier 1 - \$2 per prescription or refill		Tier 1 - \$2 per prescription or refill		Tier 1 - 20% per prescription or refill after deductible
	Generics	Tier 2 - \$15 per prescription or refill	Tier 2 - \$20 per prescription or refill	Tier 2 - \$15 per prescription or refill after deductible	Tier 2 - \$20 per prescription or refill after deductible	Tier 2 - 20% per prescription or refill after deductible
	Preferred brand drugs	Tier 3 - \$40 per prescription or refill	Tier 3 - \$50 per prescription or refill	Tier 3 - \$50 per prescription or refill	Tier 3 - \$60 per prescription or refill	Tier 3 - 20% per prescription or refill after deductible
	Non-preferred brand drugs	Tier 4 - 35% per prescription or refill after deductible (\$55 Minimum)	Tier 4 - 35% per prescription or refill after deductible (\$65 Minimum)		Tier 4 - 35% per prescription or refill after deductible (\$75 Minimum)	Tier 4 - 35% per prescription or refill after deductible
	Preferred specialty drugs	Tier 5 - 35% per prescription or refill after deductible				
	Non-preferred specialty drugs	Tier 6 - 50% per prescription or refill after deductible				
Mail order 90-day supply	Adherence generics (limited to categories of antidiabetics, statins and RAS antagonists)	Tier 1 - \$4 per prescription or refill		Tier 1 - \$4 per prescription or refill after deductible		Tier 1 - 20% per prescription or refill after Deductible
	Generics	Tier 2 - \$40 per prescription or refill	Tier 2 - \$55 per prescription or refill	Tier 2 - \$40 per prescription or refill after deductible	Tier 2 - \$55 per prescription or refill after deductible	Tier 2 - 20% per prescription or refill after Deductible
	Preferred brand drugs	Tier 3 - \$105 per prescription or refill	Tier 3 - \$135 per prescription or refill	Tier 3 - \$135 per prescription or refill after deductible	Tier 3 - \$165 per prescription or refill after deductible	Tier 3 - 20% per prescription or refill after Deductible
	Non-preferred brand drugs	Tier 4 - 35% per prescription or refill after deductible (\$120 Minimum)	Tier 4 - 35% per prescription or refill after deductible (\$150 Minimum)		Tier 4 - 35% per prescription or refill after deductible (\$180 Minimum)	Tier 4 - 35% per prescription or refill after deductible

All plans are creditable for Part D Medicare coverage except for the Bronze HDHP HMO 5000 and Bronze HDHP HMO 6500.