

2018 SMALL GROUP POS PLANS

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



PLAN NAME	Deductible				Coinsurance		Out-of-Pocket Maximum				Office Visit Copayment				ER*		Urgent Care	
	In		Out		In	Out	In		Out		In		Out		In	Out	In	Out
	Single	Family	Single	Family	What Member Pays		Single	Family	Single	Family	PCP	SP	PCP	SP				
BRONZE HDHP 6500_20	\$6,500	\$13,000	\$13,000	\$26,000	20%	50%	\$6,650	\$13,300	\$19,950	\$39,900	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C
BRONZE HDHP 5000_20	\$5,000	\$10,000	\$10,000	\$20,000	20%	50%	\$6,650	\$13,300	\$19,950	\$39,900	D/C	D/C	D/C	D/C	D/C	D/C	D/C	D/C
SILVER HDHP POS 3500_0	\$3,500	\$7,000	\$7,000	\$14,000	0%	30%	\$4,500	\$9,000	\$13,500	\$27,000	D	D	D/C	D/C	D	D	D	D/C
SILVER POS 3500_20	\$3,500	\$7,000	\$10,500	\$21,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$35	\$70 after D	D/C	D/C	\$300 after D	\$300 after D	\$100	D/C
SILVER POS 2500_20	\$2,500	\$5,000	\$7,500	\$15,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$30	\$60 after D	D/C	D/C	\$250 after D	\$250 after D	\$80	D/C
GOLD HDHP POS 2000_0	\$2,000	\$4,000	\$4,000	\$8,000	0%	30%	\$3,000	\$6,000	\$9,000	\$18,000	D	D	D/C	D/C	D	D	D	D/C
GOLD POS 1000_20	\$1,000	\$2,000	\$3,000	\$6,000	20%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$25	\$50	D/C	D/C	\$250	\$250	\$75	D/C
GOLD POS 500_20	\$500	\$1,000	\$1,500	\$3,000	20%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$20	\$40	D/C	D/C	\$200	\$200	\$70	D/C

In = In-network

Out = Out-of-network

SP = Specialist

D = Deductible

D/C = Deductible and Coinsurance

*Copayment waived if admitted inpatient within 24 hours.

PLAN NAME	MDLIVE Virtual Visits
BRONZE HDHP 6500	D/C
BRONZE HDHP 5000	D/C
SILVER HDHP POS 3500	D
SILVER POS 3500	\$25
SILVER POS 2500	\$20
GOLD HDHP POS 2000	D
GOLD POS 1000	\$15
GOLD POS 500	\$10

Virtual visits not covered out of network.

2018 SMALL GROUP POS PLANS PHARMACY

		GOLD POS 500 GOLD POS 1000	SILVER POS 2500 SILVER POS 3500	GOLD HDHP POS 2000	SILVER HDHP POS 3500	BRONZE HDHP 5000 BRONZE HDHP 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 after deductible		Tier 1 - 20% Coinsurance 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% Coinsurance 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 after deductible	Tier 3 - \$60 per prescription or refill after deductible	Tier 3 - 20% Coinsurance per prescription or refill after Deductible
	Non-preferred brand drugs	Tier 4 - 35% Coinsurance per prescription or refill after deductible (\$55 Minimum)	Tier 4 - 35% Coinsurance per prescription or refill after deductible (\$65 Minimum)		Tier 4 - 35% Coinsurance per prescription or refill after deductible (\$75 Minimum)	Tier 4 - 35% Coinsurance per prescription or refill after deductible
	Preferred specialty drugs	Tier 5 - 35% Coinsurance per prescription or refill after deductible				
	Non-preferred specialty drugs	Tier 6 - 50% Coinsurance 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% Coinsurance 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% Coinsurance 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% Coinsurance per prescription or refill after deductible
	Non-preferred brand drugs	Tier 4 - 35% Coinsurance per prescription or refill after deductible (\$120 Minimum)	Tier 4 - 35% Coinsurance per prescription or refill after deductible (\$150 Minimum)		Tier 4 - 35% Coinsurance per prescription or refill after deductible (\$180 Minimum)	Tier 4 - 35% Coinsurance per prescription or refill after deductible

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