Standard 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
HSAP1500_0	$1,500	$3,000	$2,500	$5,000	0%	20%	$1,500	$3,000	$4,000	$8,000	$0*	$0*	20%*	20%*
HSAP1500_20	$1,500	$3,000	$3,000	$6,000	20%	40%	$2,000	$4,000	$6,000	$12,000	$20*	$60*	40%*	40%*
HSAP2000_0	$2,000	$4,000	$3,000	$6,000	0%	20%	$2,000	$4,000	$5,000	$10,000	$0*	$0*	20%*	20%*
HSAP2000_20	$2,000	$4,000	$4,000	$8,000	20%	40%	$2,500	$5,000	$7,000	$14,000	$20*	$60*	40%*	40%*
HSAP2500_0	$2,500	$5,000	$3,500	$7,000	0%	20%	$2,500	$5,000	$6,000	$12,000	$0*	$0*	20%*	20%*
HSAP2500_20	$2,500	$5,000	$5,000	$10,000	20%	40%	$3,000	$6,000	$8,000	$16,000	$20*	$60*	40%*	40%*
HSAP3000_0	$3,000	$6,000	$4,000	$8,000	0%	20%	$3,000	$6,000	$8,000	$16,000	$0*	$0*	20%*	20%*
HSAP3000_20	$3,000	$6,000	$6,000	$12,000	20%	40%	$5,000	$10,000	$9,000	$18,000	$20*	$60*	40%*	40%*
HSAP3500_0	$3,500	$7,000	$4,500	$9,000	0%	20%	$3,500	$7,000	$9,000	$18,000	$0*	$0*	20%*	20%*
HSAP3500_20	$3,500	$7,000	$7,000	$14,000	20%	40%	$5,500	$11,000	$11,000	$22,000	$20*	$60*	40%*	40%*
HSAP4000_0	$4,000	$8,000	$5,000	$10,000	0%	20%	$4,000	$8,000	$10,000	$20,000	$0*	$0*	20%*	20%*
HSAP4000_20	$4,000	$8,000	$8,000	$16,000	20%	40%	$6,000	$12,000	$12,000	$24,000	$20*	$60*	40%*	40%*
HSAP5000_0	$5,000	$10,000	$6,000	$12,000	0%	20%	$5,000	$10,000	$13,100	$26,200	$0*	$0*	20%*	20%*
HSAP5000_20	$5,000	$10,000	$9,000	$18,000	20%	40%	$6,550	$13,100	$13,000	$26,000	$20*	$60*	40%*	40%*
HSAP6500_0	$6,500	$13,000	$7,500	$15,000	0%	20%	$6,500	$13,000	$14,000	$28,000	$0*	$0*	20%*	20%*
HSAP7000_0	$7,000	$14,000	$8,000	$16,000	0%	20%	$7,000	$14,000	$16,000	$32,000	$0*	$0*	20%*	20%*

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

	0% Coinsurance Plans		20% Coinsurance Plans	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room	$0 after deductible		$400*	
Urgent Care	$0*	20% after deductible	$150*	40% 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.)

Standard POS HSA Plans Pharmacy

		Standard POS HSA Plans with 0% Coinsurance		Standard POS HSA Plans with 20% Coinsurance	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Retail 30-day supply	SmartChoice (adherence generic drugs)	Deductible	Not Covered	$0 per prescription or refill after deductible	Not Covered
	Generic drugs	Deductible	Not Covered	$25 per prescription or refill after deductible	Not Covered
	Brand drugs	Deductible	Not Covered	$45 per prescription or refill after deductible	Not Covered
	Non-preferred drugs	Deductible	Not Covered	$80 per prescription or refill after deductible	Not Covered
	Preferred specialty drugs	Deductible	Not Covered	25% after deductible	Not Covered
	Non-preferred specialty drugs	Deductible	Not Covered	40% after deductible	Not Covered
Mail order 90-day supply	SmartChoice (adherence generic drugs)	Deductible	Not Covered	$0 per prescription or refill after deductible	Not Covered
	Generic drugs	Deductible	Not Covered	$65 per prescription or refill mail order after deductible	Not Covered
	Brand drugs	Deductible	Not Covered	$120 per prescription or refill mail order after deductible	Not Covered
	Non-preferred drugs	Deductible	Not Covered	$240 per prescription or refill mail order after deductible	Not Covered
	Preferred specialty drugs	No mail order	Not Covered	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered	No mail order	Not Covered