

# Value EPO HSA Plans

PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family	What Participants Pay	Single	Family	PCP	Specialist			
HSAEV2800_10	\$2,800	\$5,600	10%	\$6,900	\$13,800	\$35 per visit after deductible	\$70 per visit after deductible	\$500 per visit after deductible	\$200 per visit after deductible	\$0 per visit after deductible
HSAEV2800_30	\$2,800	\$5,600	30%	\$6,900	\$13,800					
HSAEV4000_10	\$4,000	\$8,000	10%	\$6,900	\$13,800					
HSAEV4000_30	\$4,000	\$8,000	30%	\$6,900	\$13,800					
HSAEV5000_10	\$5,000	\$10,000	10%	\$6,900	\$13,800					
HSAEV5000_30	\$5,000	\$10,000	30%	\$6,900	\$13,800					
HSAEV6000_10	\$6,000	\$12,000	10%	\$6,900	\$13,800					
HSAEV6000_30	\$6,000	\$12,000	30%	\$6,900	\$13,800					

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 Value EPO HSA Plans
Retail 30-day supply	Generic drugs	\$25 per prescription or refill after deductible
	Preferred drugs	\$45 per prescription or refill after deductible
	Non-preferred drugs	\$80 per prescription or refill after deductible
	Preferred specialty drugs	35% after deductible
	Non-preferred specialty drugs	50% after deductible
Mail order 90-day supply	Generic drugs	\$65 prescription or refill after deductible
	Preferred drugs	\$120 prescription or refill after deductible
	Non-preferred drugs	\$240 prescription or refill after deductible
	Preferred specialty drugs	No mail order
	Non-preferred specialty drugs	No mail order