

# 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<br>30-day supply     | SmartChoice (adherence generic drugs) | \$5 per prescription or refill after deductible   | 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<br>90-day supply | SmartChoice (adherence generic drugs) | \$15 per prescription or refill after deductible  | 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    |