

# Value POS Non-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	In-Network	Out-of-Network
	Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP		Specialist	
LFS_PV1000_22_CC	\$1,000	\$2,000	\$4,000	\$8,000	25%	50%	\$8,150	\$16,300	\$16,000	\$32,000	\$45 per visit	50% after deductible	\$70 per visit	50% after deductible
LFS_PV2000_22_CC	\$2,000	\$4,000	\$7,000	\$14,000			\$8,150	\$16,300	\$17,000	\$34,000				
LFS_PV3000_22_CC	\$3,000	\$6,000	\$10,000	\$20,000			\$8,150	\$16,300	\$18,000	\$36,000				
LFS_PV4000_22_CC	\$4,000	\$8,000	\$13,000	\$26,000			\$8,150	\$16,300	\$19,000	\$38,000				

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 POS Non-HSA Plans	
		In-Network	Out-of-Network
Retail 30-day supply	SmartChoice (adherence generic drugs)	\$5 per prescription or refill	Not Covered
	Generic drugs	\$35 per prescription or refill	Not Covered
	Preferred drugs	\$55 per prescription or refill	Not Covered
	Non-preferred drugs	\$90 per prescription or refill	Not Covered
	Preferred specialty drugs	35% after deductible	Not Covered
	Non-preferred specialty drugs	50% after deductible	Not Covered
Mail order 90-day supply	SmartChoice (adherence generic drugs)	\$15 per prescription or refill	Not Covered
	Generic drugs	\$95 per prescription or refill	Not Covered
	Preferred drugs	\$150 per prescription or refill	Not Covered
	Non-preferred drugs	\$270 per prescription or refill	Not Covered
	Preferred specialty drugs	No mail order	Not Covered
	Non-preferred specialty drugs	No mail order	Not Covered

## Emergency/Urgent Care

	In-Network	Out-of-Network
Emergency Room	\$525 per visit	\$525 per visit
Urgent Care	\$225 per visit	50% after deductible

## MDLIVE® Virtual Visits

\$0 per visit for all Value POS Non-HSA Plans. Benefits are only available through the Network Health virtual visit provider network.