

EPO HSA PLANS

PLAN #	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			
AEH1	LF_HSAE1500_0	\$1,500	\$3,000	0%	\$1,500	\$3,000	D	D	D	D	D
AEH2	LF_HSAE1500_20	\$1,500	\$3,000	20%	\$2,000	\$4,000	D/C	D/C	D/C	D/C	D/C
AEH3	LF_HSAE2000_0	\$2,000	\$4,000	0%	\$2,000	\$4,000	D	D	D	D	D
AEH4	LF_HSAE2000_20	\$2,000	\$4,000	20%	\$2,500	\$5,000	D/C	D/C	D/C	D/C	D/C
AEH5	LF_HSAE2500_0	\$2,500	\$5,000	0%	\$2,500	\$5,000	D	D	D	D	D
AEH6	LF_HSAE2500_20	\$2,500	\$5,000	20%	\$3,000	\$6,000	D/C	D/C	D/C	D/C	D/C
AEH7	LF_HSAE3000_0	\$3,000	\$6,000	0%	\$3,000	\$6,000	D	D	D	D	D
AEH8	LF_HSAE3000_20	\$3,000	\$6,000	20%	\$5,000	\$10,000	D/C	D/C	D/C	D/C	D/C
AEH9	LF_HSAE3500_0	\$3,500	\$7,000	0%	\$3,500	\$7,000	D	D	D	D	D
AEH10	LF_HSAE3500_20	\$3,500	\$7,000	20%	\$5,500	\$11,000	D/C	D/C	D/C	D/C	D/C
AEH11	LF_HSAE4000_0	\$4,000	\$8,000	0%	\$4,000	\$8,000	D	D	D	D	D
AEH12	LF_HSAE4000_20	\$4,000	\$8,000	20%	\$6,000	\$12,000	D/C	D/C	D/C	D/C	D/C
AEH13	LF_HSAE5000_0	\$5,000	\$10,000	0%	\$5,000	\$10,000	D	D	D	D	D
AEH14	LF_HSAE5000_20	\$5,000	\$10,000	20%	\$6,550	\$13,100	D/C	D/C	D/C	D/C	D/C
AEH15	LF_HSAE6500_0	\$6,500	\$13,000	0%	\$6,500	\$13,000	D	D	D	D	D

D = Deductible Only

D/C = Deductible and Coinsurance

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, limitations and exclusions, please refer to the Summary of Participant Responsibility Tables.