

EPO NON-HSA PLANS

PLAN #	PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
		Single	Family	What Participants Pay	Single	Family	PCP	Specialist			
AE5	LF_E1000 CO-CHOICE_20	\$1,000	\$2,000	20%	\$3,000	\$6,000	\$30 per visit	\$60 per visit	\$250 per visit	\$150 per visit	\$10 per visit
AE6	LF_E1500 CO-CHOICE_20	\$1,500	\$3,000	20%	\$3,500	\$7,000					
AE7	LF_E2000 CO-CHOICE_20	\$2,000	\$4,000	20%	\$4,000	\$8,000					
AE8	LF_E2500 CO-CHOICE_20	\$2,500	\$5,000	20%	\$4,500	\$9,000					
AE9	LF_E3000 CO-CHOICE_20	\$3,000	\$6,000	20%	\$5,000	\$10,000					
AE10	LF_E4000 CO-CHOICE_20	\$4,000	\$8,000	20%	\$6,000	\$12,000					
AE11	LF_E5000 CO-CHOICE_20	\$5,000	\$10,000	20%	\$6,850	\$13,700					

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.

