

POS HSA PLANS

PLAN #	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
AHP1	LF_HSAP1500_0	\$1,500	\$3,000	\$2,500	\$5,000	0%	20%	\$1,500	\$3,000	\$4,000	\$8,000	D	D	D/C	D/C
AHP2	LF_HSAP1500_20	\$1,500	\$3,000	\$3,000	\$6,000	20%	40%	\$2,000	\$4,000	\$6,000	\$12,000	D/C	D/C	D/C	D/C
AHP3	LF_HSAP2000_0	\$2,000	\$4,000	\$3,000	\$6,000	0%	20%	\$2,000	\$4,000	\$5,000	\$10,000	D	D	D/C	D/C
AHP4	LF_HSAP2000_20	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$2,500	\$5,000	\$7,000	\$14,000	D/C	D/C	D/C	D/C
AHP5	LF_HSAP2500_0	\$2,500	\$5,000	\$3,500	\$7,000	0%	20%	\$2,500	\$5,000	\$6,000	\$12,000	D	D	D/C	D/C
AHP6	LF_HSAP2500_20	\$2,500	\$5,000	\$5,000	\$10,000	20%	40%	\$3,000	\$6,000	\$8,000	\$16,000	D/C	D/C	D/C	D/C
AHP7	LF_HSAP3000_0	\$3,000	\$6,000	\$4,000	\$8,000	0%	20%	\$3,000	\$6,000	\$8,000	\$16,000	D	D	D/C	D/C
AHP8	LF_HSAP3000_20	\$3,000	\$6,000	\$6,000	\$12,000	20%	40%	\$5,000	\$10,000	\$9,000	\$18,000	D/C	D/C	D/C	D/C
AHP9	LF_HSAP3500_0	\$3,500	\$7,000	\$4,500	\$9,000	0%	20%	\$3,500	\$7,000	\$9,000	\$18,000	D	D	D/C	D/C
AHP10	LF_HSAP3500_20	\$3,500	\$7,000	\$7,000	\$14,000	20%	40%	\$5,500	\$11,000	\$11,000	\$22,000	D/C	D/C	D/C	D/C
AHP11	LF_HSAP4000_0	\$4,000	\$8,000	\$5,000	\$10,000	0%	20%	\$4,000	\$8,000	\$10,000	\$20,000	D	D	D/C	D/C
AHP12	LF_HSAP4000_20	\$4,000	\$8,000	\$8,000	\$16,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000	D/C	D/C	D/C	D/C
AHP13	LF_HSAP5000_0	\$5,000	\$10,000	\$6,000	\$12,000	0%	20%	\$5,000	\$10,000	\$13,100	\$26,200	D	D	D/C	D/C
AHP14	LF_HSAP5000_20	\$5,000	\$10,000	\$9,000	\$18,000	20%	40%	\$6,550	\$13,100	\$13,000	\$26,000	D/C	D/C	D/C	D/C
AHP15	LF_HSAP6500_0	\$6,500	\$13,000	\$7,500	\$15,000	0%	20%	\$6,500	\$13,000	\$14,000	\$28,000	D	D	D/C	D/C

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.

Emergency/Urgent Care

	0% Coinsurance		20% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room	Deductible		Deductible/Coinsurance	
Urgent Care	D	D/C	D/C	D/C

Virtual Visits

Subject to deductible and coinsurance

(Example: Sue has a virtual visit with an online doctor. The cost is \$55. She has already met her deductible. The \$55 is now subject to the coinsurance of her plan. If Sue had not yet met her deductible, she would pay \$55 for the virtual visit and it would be applied toward her deductible.)