

POS NON-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	In-Network	Out-of-Network
		Single	Family	Single	Family	What Participants Pay		Single	Family	Single	Family	PCP		Specialist	
AP5	LF_P1000 COCHOICE_20	\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$3,000	\$6,000	\$6,000	\$12,000	\$30 per visit	D/C	\$60 per visit	D/C
AP6	LF_P1500 COCHOICE_20	\$1,500	\$3,000	\$3,000	\$6,000	20%	40%	\$3,500	\$7,000	\$7,000	\$14,000		D/C		D/C
AP7	LF_P2000 COCHOICE_20	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$4,000	\$8,000	\$8,000	\$16,000		D/C		D/C
AP8	LF_P2500 COCHOICE_20	\$2,500	\$5,000	\$5,000	\$10,000	20%	40%	\$4,500	\$9,000	\$9,000	\$18,000		D/C		D/C
AP9	LF_P3000 COCHOICE_20	\$3,000	\$6,000	\$6,000	\$12,000	20%	40%	\$5,000	\$10,000	\$10,000	\$20,000		D/C		D/C
AP10	LF_P4000 COCHOICE_20	\$4,000	\$8,000	\$8,000	\$16,000	20%	40%	\$6,000	\$12,000	\$12,000	\$24,000		D/C		D/C
AP11	LF_P5000 COCHOICE_20	\$5,000	\$10,000	\$10,000	\$20,000	20%	40%	\$6,850	\$13,700	\$13,700	\$27,400		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

	In-Network	Out-of-Network
Emergency Room	\$250 per visit	\$250 per visit
Urgent Care	\$150 per visit	40% after deductible

Virtual Visits

\$10 per visit for all POS Non-HSA Plan. Benefits are only available through the Network Health virtual visit provider network.