

Product Information 2024: QHDHP \$5,000 (HSA)

	INN	OON
DEDUCTIBLE INDIVIDUAL	\$5,000	\$10,000
DEDUCTIBLE FAMILY (EMBEDDED)	\$10,000	\$20,000
COINSURANCE	80/20	60/40
ANNUAL MAX OUT-OF-POCKET LIMIT INDIVIDUAL	\$6,550	\$20,000
ANNUAL MAX OUT-OF-POCKET LIMIT FAMILY (EMBEDDED)	\$13,100	\$40,000
PRIMARY CARE VISIT (FAMILY PRACTICE, MENTAL HEALTH, OBYGN)	Deductible & Coinsurance	Deductible & Coinsurance
SPECIALIST PHYSICIAN OFFICE VISIT	Deductible & Coinsurance	Deductible & Coinsurance
PREVENTIVE CARE VISIT	\$0	Deductible & Coinsurance
CONVENIENT CARE/RETAIL CLINICS (QUICK CARE)	Deductible & Coinsurance	Deductible & Coinsurance
URGENT CARE FACILITY SERVICES	Deductible & Coinsurance	Deductible & Coinsurance

Emergency Room Services

(services received in a hospital emergency room setting)

FACILITY	Deductible & Coinsurance	In-Network level of benefits
PROFESSIONAL SERVICES	Deductible & Coinsurance	In-Network level of benefits

Pharmacy Benefits

GENERIC	Deductible & Coinsurance	Not Covered
PREFERRED BRAND	Deductible & Coinsurance	Not Covered
NON-PREFERRED BRAND	Deductible & Coinsurance	Not Covered
SPECIALTY	Not Covered	Not Covered



Monthly Premium

AGES 18-29

- Employee \$607.21
- Employee+Spouse \$1,074.41
- Employee+Child(ren) \$982.97
- Family \$1,546.63

AGES 30-44

- Employee \$625.50
- Employee+Spouse \$1,110.99
- Employee+Child(ren) \$1,015.89
- Family \$1,601.49

AGES 45-54

- Employee \$648.32
- Employee+Spouse \$1,156.62
- Employee+Child(ren) \$1,056.96
- Family \$1,669.94

AGES 55-64

- Employee \$695.17
- Employee+Spouse \$1,250.32
- Employee+Child(ren) \$1,141.29
- Family \$1,810.49