

Product Information 2024: \$1,500 PPO

| | INN | OON |
|------------------------------------------------------------|------------|--------------------------|
| DEDUCTIBLE INDIVIDUAL | \$1,500 | \$3,000 |
| DEDUCTIBLE FAMILY (EMBEDDED) | \$3,000 | \$6,000 |
| COINSURANCE | 80/20 | 60/40 |
| ANNUAL MAX OUT-OF-POCKET LIMIT INDIVIDUAL | \$7,350 | \$20,000 |
| ANNUAL MAX OUT-OF-POCKET LIMIT FAMILY (EMBEDDED) | \$14,700 | \$40,000 |
| PRIMARY CARE VISIT (FAMILY PRACTICE, MENTAL HEALTH, OBYGN) | \$25 | Deductible & Coinsurance |
| SPECIALIST PHYSICIAN OFFICE VISIT | \$40 | Deductible & Coinsurance |
| PREVENTIVE CARE VISIT | \$0 | Deductible & Coinsurance |
| CONVENIENT CARE/RETAIL CLINICS (QUICK CARE) | \$25 | Deductible & Coinsurance |
| URGENT CARE FACILITY SERVICES | \$60/visit | 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 | \$10 Copay | Not Covered |
| PREFERRED BRAND | \$45 Copay | Not Covered |
| NON-PREFERRED BRAND | \$85 Copay | Not Covered |
| SPECIALTY | Not Covered | Not Covered |



Monthly Premium

AGES 18-29

- Employee \$829.35
- Employee+Spouse \$1,518.69
- Employee+Child(ren) \$1,382.82
- Family \$2,213.04

AGES 30-44

- Employee \$856.53
- Employee+Spouse \$1,573.04
- Employee+Child(ren) \$1,431.74
- Family \$2,294.56

AGES 45-54

- Employee \$890.43
- Employee+Spouse \$1,640.84
- Employee+Child(ren) \$1,492.76
- Family \$2,396.26

AGES 55-64

- Employee \$992.65
- Employee+Spouse \$1,845.28
- Employee+Child(ren) \$1,676.75
- Family \$2,702.92