

# 2020 Shared Cost EPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE <sup>1</sup> (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM <sup>2</sup> (INCLUDES DEDUCTIBLE, COINSURANCE & COPAYS)		PCP/ RETAIL CLINIC/MENTAL HEALTH/SUBSTANCE ABUSE	OUTPATIENT THERAPIES (OCCUPATION & PHYSICAL)	SPECIALIST	URGENT CARE	OUTPATIENT SURGERY <sup>3</sup>	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DX (LAB / PATHOLOGY)	BASIC DX / IMAGING (X-RAY)	ADVANCED DX / IMAGING (MRI / CAT / PET)	RX FORMULARY (COMPREHENSIVE) <sup>3,4</sup>
		IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	OUT-OF-NETWORK	IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
Platinum	Shared Cost EPO \$0-\$150	\$0	N/A	100%	N/A	\$2,250	N/A	\$15	\$15	\$30	\$40	\$0	\$150 per day, up to 5 days, then \$0	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90
Platinum	Shared Cost EPO \$250-100	\$250	N/A	100%	N/A	\$2,000	N/A	\$15	\$15	\$30	\$40	\$0 after ded	\$0 after ded	\$200	\$25	\$35	\$150	\$3/\$15/\$45/\$90
Platinum	Shared Cost EPO \$500-100	\$500	N/A	100%	N/A	\$2,000	N/A	\$25	\$15	\$30	\$40	\$0 after ded	\$0 after ded	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90
Gold	Shared Cost EPO \$0-70	\$0	N/A	70%	N/A	\$7,900	N/A	\$30	\$15	\$45	\$55	30%	30%	\$250	\$25	\$35	\$250	\$3/\$15/\$65/\$100
Gold	Shared Cost EPO \$0-\$250	\$0	N/A	100%	N/A	\$7,900	N/A	\$25	\$15	\$45	\$55	\$100	\$250 per day, up to 5 days, then \$0	\$250	\$25	\$35	\$250	\$10/50%/50%
Gold	Shared Cost EPO \$0-\$500	\$0	N/A	100%	N/A	\$7,900	N/A	\$45	\$15	\$60	\$70	\$100	\$500 per day, up to 5 days, then \$0	\$350	\$60	\$60	\$350	\$3/\$15/\$65/\$100
Gold	Shared Cost EPO \$750-100	\$750	N/A	100%	N/A	\$7,900	N/A	\$30	\$15	\$50	\$60	\$100	\$0 after ded	\$250	\$50	\$50	\$250	\$3/\$15/\$65/\$100
Gold	Shared Cost EPO \$1000-80	\$1,000	N/A	80%	N/A	\$7,900	N/A	\$25	\$15	\$45	\$55	20% after ded	20% after ded	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100
Gold	Shared Cost EPO \$1200-100	\$1,200	N/A	100%	N/A	\$6,500	N/A	\$30	\$15	\$50	\$60	\$100	\$0 after ded	\$250	\$25	\$35	\$250	\$3/\$15/\$65/\$100
Gold	Shared Cost EPO \$1500-100	\$1,500	N/A	100%	N/A	\$6,500	N/A	\$30	\$15	\$50	\$60	\$100	\$0 after ded	\$250	\$25	\$35	\$250	\$3/\$15/\$65/\$100
Gold	Shared Cost EPO \$2000-100	\$2,000	N/A	100%	N/A	\$7,900	N/A	\$40	\$15	\$75	\$85	\$100	\$0 after ded	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100
Gold	Shared Cost EPO Basic \$1000-75	\$1,000	N/A	75%	N/A	\$6,500	N/A	\$25	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	\$25	25% after ded	25% after ded	\$3/\$15/\$65/\$100
Silver	Shared Cost EPO Basic \$2000-75	\$2,000	N/A	75%	N/A	\$7,900	N/A	\$40	25% after ded	25% after ded	25% after ded	\$150	25% after ded	25% after ded	\$40	25% after ded	25% after ded	\$15/25%/25% after ded
Bronze	Shared Cost EPO Basic \$6600-75	\$6,600	N/A	75%	N/A	\$7,900	N/A	\$40	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	\$50	25% after ded	25% after ded	50% after ded
Bronze	HDHP Blue EPO \$6850	\$6,850	N/A	100%	N/A	\$6,850	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded

<sup>1</sup>Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 31 for footnotes.

# 2020 Health Savings EPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE <sup>1</sup> (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM <sup>2</sup> (INCLUDES DEDUCTIBLE, COINSURANCE & COPAYS)		PCP/ RETAIL CLINIC/MENTAL HEALTH/SUBSTANCE ABUSE	OUTPATIENT THERAPIES (OCCUPATION & PHYSICAL)	SPECIALIST	URGENT CARE	OUTPATIENT SURGERY <sup>3</sup>	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DX (LAB / PATHOLOGY)	BASIC DX / IMAGING (X-RAY)	ADVANCED DX / IMAGING (MRI / CAT / PET)	RX FORMULARY (COMPREHENSIVE) <sup>3,4</sup>	HRA/HSA EMPLOYER CONTRIBUTION (2X FAMILY)
		IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	OUT-OF-NETWORK	IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	LOW COST GENERIC/ STANDARD GENERIC/ BRAND/NON-FORMULARY	
Platinum	Health Savings EPO HSA \$1400-100 C <sup>5,6</sup>	\$1,400	N/A	100%	N/A	\$1,400	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$300
Platinum	Health Savings EPO HSA \$1600-100 C <sup>5,6</sup>	\$1,600	N/A	100%	N/A	\$1,600	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$550
Platinum	Health Savings EPO HSA \$1800-100 C <sup>5,6</sup>	\$1,800	N/A	100%	N/A	\$1,800	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$600
Gold	Health Savings EPO HSA \$2100-100 <sup>6</sup>	\$2,100	N/A	100%	N/A	\$2,100	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	N/A
Gold	Health Savings EPO HSA \$2250-100 <sup>6</sup>	\$2,250	N/A	100%	N/A	\$2,250	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	N/A
Silver	Health Savings Embedded EPO HSA copay \$2800 <sup>6</sup>	\$2,800	N/A	100%	N/A	\$6,650	N/A	\$20 after ded	\$15 after ded	\$50 after ded	\$60 after ded	\$0 after ded	\$0 after ded	\$250 after ded	\$35 after ded	\$50 after ded	\$250 after ded	\$3/\$10/\$50/\$90 after ded	N/A
Bronze	Health Savings Embedded EPO HSA \$5250-75 <sup>6</sup>	\$5,250	N/A	75%	N/A	\$6,650	N/A	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	25% after ded	N/A
Bronze	Health Savings Embedded EPO HSA \$6400-100 <sup>6</sup>	\$6,400	N/A	100%	N/A	\$6,400	N/A	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	N/A

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# 2020 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE <sup>1</sup> (WHERE APPLICABLE)		OUT OF POCKET MAXIMUM <sup>2</sup> (INCLUDES DEDUCTIBLE, COINSURANCE & COPAYS)		PCP/ RETAIL CLINIC/MENTAL HEALTH/SUBSTANCE ABUSE	OUTPATIENT THERAPIES (OCCUPATION & PHYSICAL)	SPECIALIST	URGENT CARE	OUTPATIENT SURGERY <sup>3</sup>	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DX (LAB / PATHOLOGY)	BASIC DX / IMAGING (X-RAY)	ADVANCED DX / IMAGING (MRI / CAT / PET)	RX FORMULARY (COMPREHENSIVE) <sup>3,4</sup>
		IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	OUT-OF-NETWORK	IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
Platinum	Shared Cost PPO \$0-90	\$0	\$0	90%	70%	\$2,000	\$4,000	\$15	\$15	\$30	\$40	10%	10%	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90
Gold	Shared Cost PPO \$300-100	\$300	\$600	100%	80%	\$7,900	\$15,800	\$35	\$15	\$60	\$70	\$100	\$0 after ded	\$350	\$35	\$55	\$350	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$1000-100	\$1,000	\$2,000	100%	80%	\$7,900	\$15,800	\$25	\$15	\$50	\$60	\$100	\$0 after ded	\$300	\$25	\$35	\$250	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$1400-100	\$1,400	\$2,800	100%	80%	\$6,500	\$13,000	\$50	\$15	\$75	\$85	\$0 after ded	\$0 after ded	\$300	\$0 after ded and \$75	\$0 after ded and \$75	\$0 after ded and \$325	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$1500-80	\$1,500	\$3,000	80%	60%	\$6,500	\$13,000	\$30	\$15	\$40	\$50	20% after ded	20% after ded	\$200	\$25	\$35	\$100	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$2500-100	\$2,500	\$5,000	100%	80%	\$7,900	\$15,800	\$30	\$15	\$50	\$60	\$0 after ded	\$0 after ded	\$300	\$0 after ded and \$30	\$0 after ded and \$50	\$300	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$2750-100	\$2,750	\$5,500	100%	80%	\$7,900	\$15,800	\$30	\$15	\$50	\$60	\$0 after ded	\$0 after ded	\$300	\$0 after ded and \$30	\$0 after ded and \$50	\$300	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$2850-100	\$2,850	\$5,700	100%	80%	\$7,900	\$15,800	\$40	\$15	\$65	\$75	\$0 after ded	\$0 after ded	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100
Gold	Shared Cost PPO \$3000-90	\$3,000	\$6,000	90%	70%	\$7,000	\$14,000	\$30	\$15	\$60	\$70	10% after ded	10% after ded	\$325	\$30	\$60	\$325	\$3/\$15/\$65/\$100
Silver	Shared Cost PPO \$1400-50	\$1,400	\$2,800	50%	50%	\$8,150	\$16,300	\$55	\$15	\$75	\$85	\$350	50% after ded	\$550	\$75	\$75	50% after ded	\$3/\$40/\$80/\$125
Silver	Shared Cost PPO \$2600-70	\$2,600	\$5,200	70%	50%	\$8,150	\$16,300	\$55	\$15	\$80	\$90	\$150	30% after ded	\$625	\$85	\$85	\$570	\$3/\$40/\$80/\$125
Bronze	HDHP Blue PPO \$5000-60 <sup>4</sup>	\$5,000	\$10,000	60%	50%	\$7,900	\$15,800	40% after ded	25% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	\$15/40%/40% after ded

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		IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	OUT-OF-NETWORK	IN NETWORK (2X FAMILY)	OUT-OF-NETWORK (2X FAMILY)	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	GENERIC/BRAND/ NON-FORMULARY	
Gold	Health Savings PPO HSA \$1500-90 <sup>6</sup>	\$1,500	\$3,000	90%	70%	\$3,000	\$6,000	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded	N/A
Gold	Health Savings Embedded PPO HSA \$3400-100 C <sup>5,6</sup>	\$3,400	\$6,800	100%	100%	\$3,400	\$6,800	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$550
Silver	Health Savings Embedded PPO HSA \$4100-100 <sup>6</sup>	\$4,100	\$8,200	100%	100%	\$4,100	\$8,200	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded	N/A

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