

2021 Shared Cost EPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE ¹ (WHERE APPLICABLE)		OUT-OF-POCKET MAXIMUM ² (INCLUDES DEDUCTIBLE, COINSURANCE, & COPAYS)		PCP/ RETAIL CLINIC/MENTAL HEALTH/ SUBSTANCE ABUSE	SPECIALIST OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION & PHYSICAL)	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS /IMAGING (MRI/CAT/ PET)	RX FORMULARY (COMPREHENSIVE) ^{3,4}	
		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	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS													
Platinum	Shared Cost EPO \$0/\$150	\$0	N/A	100%	N/A	\$2,250	N/A	\$15	\$30	\$15	\$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	\$30	\$15	\$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	\$30	\$15	\$40	\$0 after ded	\$0 after ded	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Gold	Shared Cost EPO \$0/\$250	\$0	N/A	100%	N/A	\$8,550	N/A	\$25	\$45	\$15	\$55	\$100	\$250 per day, up to 5 days, then \$0	\$250	\$25	\$35	\$250	\$10/50% after ded/50% after ded	
Gold	Shared Cost EPO \$0/\$500	\$0	N/A	100%	N/A	\$7,900	N/A	\$45	\$60	\$15	\$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	\$8,550	N/A	\$30	\$50	\$15	\$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	\$8,550	N/A	\$25	\$45	\$15	\$55	\$105 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	\$8,550	N/A	\$30	\$50	\$15	\$60	\$115 after ded	\$0 after ded	\$250	\$25	\$35	\$250	\$3/\$15/\$65/\$100	
Gold	Shared Cost EPO \$1500/100	\$1,500	N/A	100%	N/A	\$8,550	N/A	\$30	\$50	\$15	\$60	\$105	\$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	\$75	\$15	\$85	\$100	\$0 after ded	\$300	\$40	\$65	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost EPO \$2500 1x/100	\$2,500 1x family	N/A	90%	N/A	\$8,550 1x family	N/A	\$30	\$50	\$15	\$60	10% after ded	\$300 after ded	\$300 after ded	\$50 after ded	\$50 after ded	\$150 after ded	\$3/\$20/\$60 after ded/\$90 after ded	
Silver	Shared Cost EPO \$4000/100	\$4,000	N/A	100%	N/A	\$8,550	N/A	\$15	\$35	\$15	\$40	\$165	\$300 after ded	\$300 after ded	\$35 after ded	\$35 after ded	\$150 after ded	\$3/\$20/\$60 after ded/\$90 after ded	
Silver	Shared Cost EPO \$5200/100	\$5,200	N/A	100%	N/A	\$8,550	N/A	\$15	\$35	\$15	\$40	\$0 after ded	\$300 after ded	\$300 after ded	\$35 after ded	\$35 after ded	\$150 after ded	\$3/\$20/\$60 after ded/\$90 after ded	
Silver	Shared Cost EPO \$5500/70	\$5,500	N/A	70%	N/A	\$8,550	N/A	\$40	\$65	\$15	\$75	\$250	30% after ded	\$900	\$65	\$65	\$350 after ded	\$3/\$30/\$60/\$90	
Silver	Shared Cost EPO Basic \$2000/75	\$2,000	N/A	75%	N/A	\$7,900	N/A	\$40 (PCP/RC) 25% after ded (MH/SA)	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% after ded/25% after ded	
Bronze	Shared Cost EPO Basic \$6600/75	\$6,600	N/A	75%	N/A	\$8,550	N/A	\$40 (PCP/RC) 25% after ded (MH/SA)	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	

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 31 for footnotes.

2021 Health Savings EPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE ¹ (WHERE APPLICABLE)		OUT-OF-POCKET MAXIMUM ² (INCLUDES DEDUCTIBLE, COINSURANCE, & COPAYS)		PCP/ RETAIL CLINIC/MENTAL HEALTH/SUBSTANCE ABUSE	SPECIALIST OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION & PHYSICAL)	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS /IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) ^{3,4}	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/NONFORMULARY		
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS														
Platinum	Health Savings EPO HSA \$1400/100 C ^{4,5,6}	\$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	\$0 after ded	\$300
Platinum	Health Savings EPO HSA \$1600/100 C ^{4,5,6}	\$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	\$0 after ded	\$550
Platinum	Health Savings EPO HSA \$1800/100 C ^{4,5,6}	\$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	\$0 after ded	\$600
Gold	Health Savings EPO HSA \$2500/100 ^{4,5,6}	\$2,500	N/A	100%	N/A	\$2,500	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	\$0 after ded	N/A
Silver	Health Savings Embedded EPO HSA Copay \$2800 ^{4,5,6}	\$2,800	N/A	100%	N/A	\$6,900	N/A	\$20 after ded	\$50 after ded	\$15 after ded	\$60 after ded	\$35 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	
Silver	Health Savings Embedded EPO HSA \$5250/75 ^{4,5,6}	\$5,250	N/A	75%	N/A	\$6,300	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	25% after ded	N/A
Silver	Health Savings Embedded EPO HSA \$6100/100 ^{4,5,6}	\$6,100	N/A	100%	N/A	\$6,100	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	\$0 after ded	N/A
Bronze	Health Savings Embedded EPO HSA \$6850/100 ^{4,5,6}	\$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	\$0 after ded	N/A

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 31 for footnotes.

2021 Shared Cost PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE ¹ (WHERE APPLICABLE)		OUT-OF-POCKET MAXIMUM ² (INCLUDES DEDUCTIBLE, COINSURANCE, & COPAYS)		PCP/ RETAIL CLINIC/MENTAL HEALTH/ SUBSTANCE ABUSE	SPECIALIST OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION & PHYSICAL)	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/ PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS /IMAGING (MRI/ CAT/PET)	RX FORMULARY (COMPREHENSIVE) ^{3,4}	
		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	LOW-COST GENERIC/ STANDARD GENERIC/ BRAND/NON-FORMULARY
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS													
Platinum	Shared Cost PPO \$0/90	\$0	\$0	90%	70%	\$2,000	\$4,000	\$15	\$30	\$15	\$40	10% after ded	10% after ded	\$200	\$25	\$35	\$150	\$3/\$10/\$35/\$90	
Gold	Shared Cost PPO \$300/100	\$300	\$600	100%	80%	\$8,550	\$17,100	\$35	\$60	\$15	\$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%	\$8,550	\$17,100	\$25	\$50	\$15	\$60	\$130	\$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	\$75	\$15	\$85	\$0 after ded	\$0 after ded	\$300	\$75 after ded	\$75 after ded	\$325 after ded	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$1500/80	\$1,500	\$3,000	80%	60%	\$8,550	\$17,100	\$30	\$40	\$15	\$50	\$85	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	\$50	\$15	\$60	\$0 after ded	\$0 after ded	\$300	\$30 after ded	\$50 after ded	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2750/100	\$2,750	\$5,500	100%	80%	\$7,900	\$15,800	\$30	\$50	\$15	\$60	\$0 after ded	\$0 after ded	\$300	\$30 after ded	\$50 after ded	\$300	\$3/\$15/\$65/\$100	
Gold	Shared Cost PPO \$2850/100	\$2,850	\$5,700	100%	80%	\$7,900	\$15,800	\$40	\$65	\$15	\$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	\$60	\$15	\$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%	\$8,550	\$17,100	\$55	\$80	\$15	\$90	\$350 after ded	50% after ded	\$550 after ded	\$75	\$75	50% after ded	\$3/\$40/\$80/\$125	
Silver	Shared Cost PPO \$2600/70	\$2,600	\$5,200	70%	50%	\$8,550	\$17,100	\$55	\$80	\$15	\$90	\$200	30% after ded	\$625	\$85	\$85	\$570	\$3/\$40/\$80/\$125	

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 31 for footnotes.

2021 Health Savings PPO Plans

METAL LEVEL	PRODUCT NAME	MEDICAL DEDUCTIBLE		PLAN PAYMENT LEVEL AFTER DEDUCTIBLE ¹ (WHERE APPLICABLE)		OUT-OF-POCKET MAXIMUM ² (INCLUDES DEDUCTIBLE, COINSURANCE, & COPAYS)		PCP/ RETAIL CLINIC/MENTAL HEALTH/SUBSTANCE ABUSE	SPECIALIST OFFICE VISIT	OUTPATIENT THERAPIES (OCCUPATION & PHYSICAL)	URGENT CARE	OUTPATIENT SURGERY*	INPATIENT HOSPITAL	EMERGENCY ROOM	BASIC DIAGNOSTICS (LAB/PATHOLOGY)	BASIC DIAGNOSTICS (X-RAY)	ADVANCED DIAGNOSTICS /IMAGING (MRI/CAT/PET)	RX FORMULARY (COMPREHENSIVE) ^{3,4}	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		
		MEMBER PAYS		PLAN PAYS		MEMBER PAYS														
Gold	Health Savings PPO HSA \$1500/100 ^{4,5,6}	\$1,500	\$3,000	100%	80%	\$3,450	\$6,900	\$20 after ded	\$40 after ded	\$15 after ded	\$45 after ded	\$0 after ded	\$0 after ded	\$200 after ded	\$40 after ded	\$40 after ded	\$200 after ded	\$3/\$10/\$50/\$90 after ded	N/A	
Gold	Health Savings Embedded PPO HSA \$3850/100 C ^{4,5,6}	\$3,850	\$7,700	100%	100%	\$3,850	\$7,700	\$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	\$0 after ded	\$550
Silver	Health Savings Embedded PPO HSA \$4250/100 ^{4,5,6}	\$4,250	\$8,500	100%	100%	\$4,250	\$8,500	\$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	\$0 after ded	N/A

*Refers to outpatient surgical procedure provided in a hospital or ambulatory surgical facility setting. Please refer to page 31 for footnotes.