

BRONZE

2020

| | IN-NETWORK | OUT-OF-NETWORK | AGE | TOBACCO FREE | TOBACCO USERS |
|--|-------------------------------|-------------------------------|------------|---------------------|----------------------|
| BENEFIT | INSURED RESPONSIBILITY | INSURED RESPONSIBILITY | 14 & under | \$176.04 | N/A |
| CALENDAR YEAR MEDICAL DEDUCTIBLE | \$0 Individual | | 15 | \$191.69 | N/A |
| | \$0 Family | | 16 | \$197.67 | N/A |
| CALENDAR YEAR OUT OF POCKET MAXIMUM | \$8,150 Individual | N/A | 17 | \$203.65 | N/A |
| | \$16,300 Family | N/A | 18 | \$210.10 | \$329.13 |
| OUTPATIENT SERVICES | | | 19 | \$213.25 | \$334.07 |
| Virtual direct primary care (VDPC*) visit | \$0 copay | N/A | 20 | \$216.45 | \$339.09 |
| Non-direct primary care (PCP*) | \$50 copay | Not covered | 21 | \$219.70 | \$344.18 |
| Specialist Office Visit | \$85 copay | Not covered | 22 | \$222.99 | \$349.34 |
| Laboratory/X-Ray Services | \$50 copay | Not covered | 23 | \$226.34 | \$354.57 |
| CT/PET/MRI/MRA/ Nuclear Medicine | \$200 copay | Not covered | 24 | \$229.73 | \$359.90 |
| Preventative care / screening / immunization | \$0 copay | Not covered | 25 | \$235.02 | \$368.18 |
| Surgical procedures in physician's office | \$300 copay | Not covered | 26 | \$240.42 | \$376.64 |
| Outpatient Facility (e.g. ambulatory surgery center) | \$1,000 copay | Not covered | 27 | \$245.95 | \$385.31 |
| Pre-Natal & Post-Natal Obstetrical Care | \$25 copay | Not covered | 28 | \$251.61 | \$394.16 |
| Outpatient Mental Health Treatment | \$50 copay | Not covered | 29 | \$257.39 | \$403.23 |
| Rehabilitation Services, Speech, Occupational & Physical Therapy | \$85 copay | Not covered | 30 | \$263.31 | \$412.50 |
| INPATIENT SERVICES | | | 31 | \$266.74 | \$417.87 |
| Hospital Confinement | \$1,000 per day up to 2 days | Not covered | 32 | \$270.20 | \$423.30 |
| PRESCRIPTION DRUGS (30-DAY SUPPLY) | | | 33 | \$273.72 | \$428.81 |
| Pharmacy Deductible | \$5,500 Individual | | 34 | \$277.28 | \$434.37 |
| | \$11,000 family | | 35 | \$280.88 | \$440.03 |
| Generic | \$5 copay | Not covered | 36 | \$284.53 | \$445.74 |
| Preferred Brand | \$25 copay | Not covered | 37 | \$288.23 | \$451.53 |
| Non-Preferred Brand | \$200 copay | Not covered | 38 | \$291.98 | \$457.41 |
| Specialty | 50% after deductible | Not covered | 39 | \$295.77 | \$463.35 |
| EMERGENCY CARE SERVICES | | | 40 | \$299.62 | \$469.38 |
| Emergency Room Visit | \$1,000 copay | \$2,000 copay | 41 | \$310.11 | \$485.81 |
| Emergency Medical Transportation | \$1,000 copay | \$1,000 copay | 42 | \$320.96 | \$502.80 |
| Urgent Care Visit | \$100 copay | \$300 copay | 43 | \$332.19 | \$520.41 |
| PCP: Primary Care Physician | | | 44 | \$343.82 | \$538.62 |
| VDPC: Virtual Direct Primary Care | | | 45 | \$355.85 | \$557.48 |
| Got questions: 1-866-432-7887 | | | 46 | \$370.09 | \$579.77 |
| | | | 47 | \$384.89 | \$602.96 |
| | | | 48 | \$400.29 | \$627.08 |
| | | | 49 | \$416.30 | \$652.16 |
| | | | 50 | \$432.95 | \$678.24 |
| | | | 51 | \$450.27 | \$705.38 |
| | | | 52 | \$468.28 | \$733.59 |
| | | | 53 | \$487.01 | \$762.93 |
| | | | 54 | \$506.49 | \$793.46 |
| | | | 55 | \$526.75 | \$825.20 |
| | | | 56 | \$547.82 | \$858.20 |
| | | | 57 | \$569.73 | \$892.53 |
| | | | 58 | \$592.52 | \$928.23 |
| | | | 59 | \$616.22 | \$965.36 |
| | | | 60 | \$640.87 | \$1,003.97 |
| | | | 61 | \$660.10 | \$1,034.09 |
| | | | 62 | \$679.90 | \$1,065.11 |
| | | | 63 | \$700.30 | \$1,097.07 |
| | | | 64 | \$721.31 | \$1,129.98 |

BRONZE

2020

| | IN-NETWORK | OUT-OF-NETWORK | AGE | TOBACCO FREE | TOBACCO USERS |
|--|-------------------------------|-------------------------------|------------|---------------------|----------------------|
| BENEFIT | INSURED RESPONSIBILITY | INSURED RESPONSIBILITY | 14 & under | \$200.56 | N/A |
| CALENDAR YEAR MEDICAL DEDUCTIBLE | \$0 Individual | | 15 | \$218.39 | N/A |
| | \$0 Family | | 16 | \$225.21 | N/A |
| CALENDAR YEAR OUT OF POCKET MAXIMUM | \$8,150 Individual | N/A | 17 | \$232.03 | N/A |
| | \$16,300 Family | N/A | 18 | \$239.37 | \$359.06 |
| | | | 19 | \$242.96 | \$364.44 |
| | | | 20 | \$246.61 | \$369.92 |
| | | | 21 | \$250.30 | \$375.45 |
| OUTPATIENT SERVICES | | | 22 | \$254.06 | \$381.09 |
| Direct Primary Care (DPC*) Office Visit | \$0 copay | N/A | 23 | \$257.87 | \$386.81 |
| Non-Direct Primary Care (PCP*) | \$50 copay | Not covered | 24 | \$261.74 | \$392.61 |
| Specialist Office Visit | \$85 copay | Not covered | 25 | \$267.76 | \$401.64 |
| Laboratory/X-Ray Services | \$50 copay | Not covered | 26 | \$273.92 | \$410.88 |
| CT/PET/MRI/MRA/ Nuclear Medicine | \$200 copay | Not covered | 27 | \$280.22 | \$420.33 |
| Surgical Procedures in DPC* Office | \$0 copay | N/A | 28 | \$286.66 | \$429.99 |
| Surgical Procedures in other Physician's office | \$300 copay | Not covered | 29 | \$293.26 | \$439.89 |
| Outpatient Facility (e.g. ambulatory surgery center) | \$1,000 copay | Not covered | 30 | \$300.00 | \$450.00 |
| Pre-Natal & Post-Natal Obstetrical Care | \$25 copay | Not covered | 31 | \$303.90 | \$455.85 |
| Outpatient Mental Health Treatment | \$50 copay | Not covered | 32 | \$307.85 | \$461.78 |
| Rehabilitation Services, Speech, Occupational & Physical Therapy | \$85 copay | Not covered | 33 | \$311.85 | \$467.78 |
| | | | 34 | \$315.91 | \$473.87 |
| | | | 35 | \$320.01 | \$480.02 |
| | | | 36 | \$324.17 | \$486.26 |
| | | | 37 | \$328.39 | \$492.59 |
| | | | 38 | \$332.66 | \$498.99 |
| | | | 39 | \$336.98 | \$505.47 |
| | | | 40 | \$341.36 | \$512.04 |
| | | | 41 | \$353.31 | \$529.97 |
| | | | 42 | \$365.68 | \$548.52 |
| | | | 43 | \$378.47 | \$567.71 |
| | | | 44 | \$391.72 | \$587.58 |
| | | | 45 | \$405.43 | \$608.15 |
| | | | 46 | \$421.65 | \$632.48 |
| | | | 47 | \$438.51 | \$657.77 |
| | | | 48 | \$456.06 | \$684.09 |
| | | | 49 | \$474.30 | \$711.45 |
| | | | 50 | \$493.27 | \$739.91 |
| | | | 51 | \$513.00 | \$769.50 |
| | | | 52 | \$533.52 | \$800.28 |
| | | | 53 | \$554.86 | \$832.29 |
| | | | 54 | \$577.06 | \$865.59 |
| | | | 55 | \$600.14 | \$900.21 |
| | | | 56 | \$624.14 | \$936.21 |
| | | | 57 | \$649.11 | \$973.67 |
| | | | 58 | \$675.07 | \$1,012.61 |
| | | | 59 | \$702.08 | \$1,053.12 |
| | | | 60 | \$730.16 | \$1,095.24 |
| | | | 61 | \$752.06 | \$1,128.09 |
| | | | 62 | \$774.63 | \$1,161.95 |
| | | | 63 | \$797.86 | \$1,196.79 |
| | | | 64 | \$821.80 | \$1,232.70 |
| INPATIENT SERVICES | | | | | |
| Hospital Confinement | \$1,000 per day up to 2 days | Not covered | | | |
| PRESCRIPTION DRUGS (30-DAY SUPPLY) | | | | | |
| Pharmacy Deductible | \$5,500 Individual | | | | |
| | \$11,000 family | | | | |
| Generic | \$5 copay | Not covered | | | |
| Preferred Brand | \$25 copay | Not covered | | | |
| Non-Preferred Brand | \$200 copay | Not covered | | | |
| Specialty | 50% after deductible | Not covered | | | |
| EMERGENCY CARE SERVICES | | | | | |
| Emergency Room Visit | \$1,000 copay | \$2,000 copay | | | |
| Emergency Medical Transportation | \$1,000 copay | \$1,000 copay | | | |
| Urgent Care Visit | \$100 copay | \$300 copay | | | |

PCP: Primary Care Physician
 Got questions: 1-866-432-7887

DPC: Direct Primary Care