

	CORE PPO		BUY UP PPO	
	In-Network		In-Network	
Deductible- Embedded / Non-Embedded	Embedded		Embedded	
Individual	\$3,500		\$3,000	
Family	\$6,000		\$5,000	
Coinsurance	Deductible then 20%		Deductible then 20%	
Out-of-Pocket Maximum				
Individual	\$6,400		\$5,000	
Family	\$9,000		\$7,500	
Preventive Care	100% Covered		100% Covered	
Primary Care Office Visit	\$50		\$25 Copay	
Specialist Office Visit	\$80		\$60 Copay	
TeleHealth (EZAccessMD)	100% Covered		100% Covered	
Inpatient Hospital	Deductible then 20%		Deductible then 20%	
Emergency Room	\$400 Copay		\$350 Copay	
Urgent Care	\$75 Copay		\$75 Copay	
Prescription Drugs				
Rx Deductible	Local Preferred Pharmacy	Chain Retail	Local Preferred Pharmacy	Chain Retail
Tier 0	\$0 Copay	\$50 Copay	\$0 Copay	\$35 Copay
Tier 1	\$0 Copay	\$50 Copay	\$0 Copay	\$35 Copay
Tier 2	\$35 Copay	\$75 Copay	\$25 Copay	\$60 Copay
Tier 3	\$60 Copay	\$140 Copay	\$50 Copay	\$125 Copay
Tier 4 Specialty Rx	75% coinsurance (\$300 max)	50% coinsurance (no max)	75% coinsurance (\$300 max)	50% coinsurance (no max)