

## 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)	Deductible & Coinsurance	-
URGENT CARE FACILITY SERVICES	\$60/visit	Deductible & Coinsurance

### Emergency Room Services

(services received in a hospital emergency room setting)

FACILITY	20% Coinsurance/ Waive Deductible	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