

Product Information 2024: \$2,500 PPO

	INN	OON
DEDUCTIBLE INDIVIDUAL	\$2,500	\$5,000
DEDUCTIBLE FAMILY (EMBEDDED)	\$5,000	\$10,000
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 \$775.33
- Employee+Spouse \$1,410.65
- Employee+Child(ren) \$1,285.59
- Family \$2,050.98

AGES 30-44

- Employee \$800.34
- Employee+Spouse \$1,460.68
- Employee+Child(ren) \$1,330.61
- Family \$2,126.02

AGES 45-54

- Employee \$831.55
- Employee+Spouse \$1,523.08
- Employee+Child(ren) \$1,386.78
- Family \$2,219.63

AGES 55-64

- Employee \$925.64
- Employee+Spouse \$1,711.27
- Employee+Child(ren) \$1,556.14
- Family \$2,501.91