Small Group Medical Plans

Product	page
Traditional HMO	2
Consumer Choice 80 and 70	3
Consumer Choice 80 and 100 HSA	4
Point of Service 80/60	5
Point of Service 70/50	6
Point of Service 80/60 and 100/50 HSA	7
Exclusions	8

HMO 40

Plan Benefits	In Network
Annual Deductible	None
Contract Year Out-of-Pocket Maximum	$3,000 individual / $6,000 family
Pre-existing conditions	Covered
Lifetime Maximum	Unlimited
Primary Care/Specialty Care Office visit co-pay	$40 / $40 co-pay
Preventive Services and age appropriate immunizations	No charge
Standard Lab & X-Ray	No charge
Diagnostic/Radiology Procedures (limited to angiograms, CT scans, MRIs, myelography, PET scans, stress tests)	20% of charges
Outpatient Surgery/Services (treatments and procedures received at time of office visit)	20% of charges
Allergy Serum	20% of charges
Eye Exam (1 refraction annually)	$40 co-pay
Maternity; Pre- and Post-Natal Care	$40 co-pay or $480 flat fee
Outpatient Specialty Drugs (Level 4 Copayment does not count toward Out-of-Pocket Maximum)	Level 1; 10% Level 2; (preferred); 20% of charges Level 3; (premium preferred); 30% of charges Level 4; (non-preferred); 50% of charges
Hospital Room, Semi-private Intensive Care Unit, Other Hospital Services Skilled Nursing Facility (Pre-Certification Required)	20% of charges
Speech & Hearing Therapy Physical Therapy	$40 Co-pay
DURABLE MEDICAL EQUIPMENT ($1,000 max annual benefit)	50% Co-pay
Outpatient mental health (20 visits max per contract year)	50% Co-pay
Alcohol & Drug Dependency (Acute detoxification only)	$40 Co-pay
Inpatient Mental Health Services (20 days max per contract yr)	50% Co-pay
Alcohol & Drug Dependency (Acute detoxification only)	20% of charges
Home Health	$40 Co-pay
Hospice	No charge
Home Infusion Therapy	20% of charges
Emergency care In-Area and Out-of-Area Urgent care In-Area and Out-of-Area Ambulance	20% of charges

Drug Benefit Options

$3/50/50 Options	$3/50/50 In Network	$5/50/50 In Network
Annual Per Person Deductible	$0 or $100 per person	$0 or $200 per person
Preferred Generic Preferred Brand Non-Preferred Brand Non-Formulary Annual Drug Benefit	• $3, deductible waived • 50% after deductible • 50% after deductible • 50% after deductible • Unlimited	• $5, deductible waived • 30% after deductible • 50% after deductible • Greater of $50 or 50% after ded • Unlimited. Once member has used $10,000 in benefits, they have 50% coverage thereafter.

Consumer Choice 80% and 70%

Plan Options	Consumer Choice 80%	Consumer Choice 70%
	In Network Benefits	**In Network Benefits**
Annual deductible Options	*Individual*: $500, $750, $1,000, $1,500, $2,000, $2,500, $3,000, $4,000, $5,000, $7,500, $10,000 *Family*: 2x the individual deductible	*Individual*: $500, $750, $1,000, $1,500, $2,000, $2,500, $3,000, $4,000, $5,000, $7,500, $10,000 *Family*: 2x the individual deductible
Annual Out-of-Pocket Max (includes deductible)	*Individual*: $3,500, $3,750, $4,000, $4,500, $5,000, $5,500, $6,000, $8,000 $10,000, $15,000, $20,000 *Family*: 2x the individual OOP max	*Individual*: $5,500, $5,750, $6,000, $6,500, $7,000, $7,500, $8,500, $11,000 $13,500, $19,750, $26,000 *Family*: 2x the individual OOP max
Lifetime Maximum benefit	Unlimited	Unlimited
Office visits Primary/Specialist	$30 primary / $50 specialist	$30 primary / $50 specialist
Preventive Care	$0	$0
Standard Lab and X-ray	$0	$0
Outpatient surgery	Deductible then 20% co-pay	Deductible then 30% co-pay
Hospital services	Deductible then 20% co-pay	Deductible then 30% co-pay
Emergency care	Deductible then 20% co-pay	Deductible then 30% co-pay

Drug Benefit Options

$3/50/50/50 Options	In Network
Annual Per Person Deductible options	• $0 • $100
Preferred Generic	$3, deductible waived
Preferred Brand	50% after deductible
Non-Preferred Brand	50% after deductible
Non-Formulary	50% after deductible
Annual Drug Benefit	Unlimited

$5/30/50/50 Options	In Network
Annual Per Person Deductible options	• $0 • $200
Preferred Generic	$5, deductible waived
Preferred Brand	30% after deductible
Non-Preferred Brand	50% after deductible
Non-Formulary	Greater of $50 or 50% after deductible
Annual Drug Benefit	Unlimited. Once member has used $10,000 in benefits, they have 50% coverage thereafter.

Consumer Choice 80% and 100% HSA

Plan Options	**Consumer Choice 80% HSA compatible**	**Consumer Choice 100% HSA qualified**
	In Network Benefits	**In Network Benefits**
Annual deductible options	*Individual*: $1,500[1], $2,500[2], $3,000[2], and $5,000[2] *Family*: 2x the individual deductible	*Individual*: $2,500[2], $3,000[2], and $5,000[2] *Family*: 2x the individual deductible

[1] This option has an aggregate deductible and out-of-pocket max. All medical and pharmacy benefits of the family members covered under the plan accumulate to a collective family deductible and a family out-of-pocket maximum. The entire family deductible must be satisfied before coinsurance benefits are payable for a member on the plan.
[2] This option has an embedded deductible and out-of-pocket max. Once a member has met the individual deductible, coinsurance benefits are payable for a member on the plan.

Annual Out-of-Pocket Max (includes deductible)	*Individual*: $3,000, $5,000, $5,500, $5,950 *Family*: 2x the individual OOP max	*Individual*: $5,000, $5,500, $5,950 *Family*: 2x the individual OOP max
Lifetime Benefit Max	Unlimited	Unlimited
Office Visits	Deductible then 20%	Deductible then covered in full
Preventive Services	Covered in full	Covered in full
Standard Lab & X-ray	Deductible then 20%	Deductible then covered in full
Hospital Services	Deductible then 20%	Deductible then covered in full
Prescription Drugs		
Generic	Deductible then 20%	Deductible then covered in full
Brand	Deductible then 20%	Deductible then covered in full
Non preferred brand	Deductible then 20%	Deductible then covered in full
Non-formulary	Deductible then 50%	Deductible then 50%
Annual Drug Benefit	Unlimited	Unlimited

What is a Health Savings Account (HSA)?

A Health Savings Account provides a tax-free method of saving money to cover health care expenses. Contributions can be made by the employer, the employee, or both. Employees are fully vested in all funds which are available to pay for qualified expenses, and any unused amount will carry forward each year.

What is a Qualified High Deductible Health Plan (QHDHP)?

Selecting a QHDHP can reduce the premium you pay for coverage since you are generally purchasing coverage with a higher deductible. The premium saved by employers can be realized as a benefits cost reduction, or you can deposit the premium savings into health savings accounts (HSA) for your employees to cover their out of pocket expenses that apply to the deductible.

Point of Service 80/60

POS 80/60 Options

	In Network	Out of Network
Annual deductible Options	*Individual*: $500, $750, $1,000, $1,500, $2,000, $2,500, $3,000, $4,000, $5,000, $7,500, $10,000 *Family*: 2x the individual deductible	*Individual*: 2x in network deductible *Family*: 2x the in network deductible
Annual Out-of-Pocket Max (includes deductible)	*Individual*: $3,500, $3,750, $4,000, $4,500, $5,000, $5,500, $6,000, $8,000, $10,000, $15,000, $20,000 *Family*: 2x the individual OOP max	*Individual*: 2x in network OOP max *Family*: 2x in network OOP max
Lifetime Maximum benefit	Unlimited	Unlimited
Office visits	$30 primary / $50 specialist	$30 primary / $60 specialist
Preventive Care	No charge	40% after deductible
Standard Lab and X-ray	No charge	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible
Hospital services	20% after deductible	40% after deductible
Emergency care	20% after deductible	20% after deductible

Drug Benefit Options

$3/50/50/50 Options	In Network	Out of Network
Annual Per Person Deductible	• $0 • $100	$50 $150
Preferred Generic	$3, deductible waived	$3, deductible waived
Preferred Brand	50% after deductible	50% after deductible
Non-Preferred Brand	50% after deductible	50% after deductible
Non-Formulary	50% after deductible	50% after deductible
Annual Drug Benefit	Unlimited	Unlimited

$5/30/50/50 Options	In Network	Out of Network
Annual Per Person Deductible	• $0 • $200	$50 $250
Preferred Generic	$5, deductible waived	$5, deductible waived
Preferred Brand	30% after deductible	30% after deductible
Non-Preferred Brand	50% after deductible	50% after deductible
Non-Formulary	Greater of $50 or 50% after ded	Greater of $50 or 50% after ded
Annual Drug Benefit	Unlimited. Once member has used $10,000 in benefits, they have 50% coverage thereafter.	

Point of Service 70/50

POS 70/50 Plan Options

	In Network	Out of Network
Annual deductible Options	*Individual*: $500, $750, $1,000, $1,500, $2,000, $2,500, $3,000, $4,000, $5,000, $7,500, $10,000 *Family*: 2x the individual deductible	*Individual*: 2x in network deductible *Family*: 2x the in network deductible
Annual Out-of-Pocket Max (includes deductible)	*Individual*: $5,500, $5,750, $6,000, $6,500, $7,000, $7,500, $8,500, $11,000, $13,500, $19,750, $26,000 *Family*: 2x the individual OOP max	*Individual*: 2x in network OOP max *Family*: 2x in network OOP max
Lifetime Maximum benefit	Unlimited	Unlimited
Office visits	$30 primary / $50 specialist	$30 primary / $60 specialist
Preventive Care	No charge	50% after deductible
Standard Lab and X-ray	No charge	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible
Hospital services	30% after deductible	50% after deductible
Emergency care	30% after deductible	30% after deductible

Drug Benefit Options

$3/50/50/50 Options	In Network	Out of Network
Annual Per Person Deductible options	• $0 • $100	$50 $150
Preferred Generic	$3, deductible waived	$3, deductible waived
Preferred Brand	50% after deductible	50% after deductible
Non-Preferred Brand	50% after deductible	50% after deductible
Non-Formulary	50% after deductible	50% after deductible
Annual Drug Benefit	Unlimited	Unlimited

$5/30/50/50 Options	In Network	Out of Network
Annual Per Person Deductible options	• $0 • $200	$50 $250
Preferred Generic	$5, deductible waived	$5, deductible waived
Preferred Brand	30% after deductible	30% after deductible
Non-Preferred Brand	50% after deductible	50% after deductible
Non-Formulary	Greater of $50 or 50% after ded	Greater of $50 or 50% after ded
Annual Drug Benefit	Unlimited. Once member has used $10,000 in benefits, they have 50% coverage thereafter.	

Point of Service 80/50 And 100/50 HSA

	POS 80/50 HSA		POS 100/50 HSA	
	In Network	Out of Network	In Network	Out of Network
Annual deductible Options	*Individual*: $1,500[1], $2,500[2], $3,000[2], $5,000[2] *Family*: 2x the individual deductible	*Individual*: 2x in network deductible *Family*: 2x the in network deductible	*Individual*: $2,500[2], $3,000[2], $5,000[2] *Family*: 2x the individual deductible	*Individual*: 2x in network deductible *Family*: 2x the in network deductible
Annual Out-of-Pocket Max (includes deductible)	*Individual*: $3,000, $5,000, $5,500, $5,950 *Family*: 2x the individual OOP max	*Individual*: $8,000, $10,000 $11,000, $15,000 *Family*: 2x in network OOP max	*Individual*: $5,000, $5,500, $5,950 *Family*: 2x the individual OOP max	*Individual*: $10,000, $11,000, $15,000 *Family*: 2x in network OOP max
Lifetime Benefit Max	Unlimited		Unlimited	
Office Visits	Deductible then $30	Deductible then 50%	Deductible then 0%	Deductible then 50%
Preventive Services	Covered in full	Deductible then 50%	Covered in full	Deductible then 50%
Standard Lab & X-ray	Deductible then 0%	Deductible then 50%	Deductible then 0%	Deductible then 50%
Outpatient specialty drugs Level 1 Level 2 preferred Level 3 premium preferred Level 4 non-preferred	 Deductible then 10% Deductible then 20% Deductible then 30% Deductible then 50%	 Deductible then 40% Deductible then 40% Deductible then 40% Deductible then 50%	 Deductible then 10% Deductible then 20% Deductible then 30% Deductible then 50%	 Deductible then 40% Deductible then 40% Deductible then 40% Deductible then 50%
Hospital Services	Deductible then 20%	Deductible then 50%	Deductible then 0%	Deductible then 50%
Emergency care	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Prescription Drugs Generic Preferred Brand Non preferred brand Non-formulary	 Deductible then 20% Deductible then 20% Deductible then 20% Deductible then 50%	 Deductible then 50% Deductible then 50% Deductible then 50% Deductible then 50%	 Deductible then 0% Deductible then 0% Deductible then 0% Deductible then 50%	 Deductible then 50% Deductible then 50% Deductible then 50% Deductible then 50%

3) This option has an aggregate deductible and out-of-pocket max. All medical and pharmacy benefits of the family members covered under the plan accumulate to a collective family deductible and a family out-of-pocket maximum. The entire family deductible must be satisfied before coinsurance benefits are payable for a member on the plan.

1) This option has an embedded deductible and out-of-pocket max. Once a member has met the individual deductible, coinsurance benefits are payable for a member on the plan.

What is a Health Savings Account (HSA)?

A Health Savings Account provides a tax-free method of saving money to cover health care expenses. Contributions can be made by the employer, the employee, or both. Employees are fully vested in all funds which are available to pay for qualified expenses, and any unused amount will carry forward each year.

What is a Qualified High Deductible Health Plan (QHDHP)?

Selecting a QHDHP can reduce the premium you pay for coverage since you are generally purchasing coverage with a higher deductible. The premium saved by employers can be realized as a benefits cost reduction, or you can deposit the premium savings into health savings accounts (HSA) for your employees to cover their out of pocket expenses that apply to the deductible.

Medical Plan Exclusions

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Chiropractic care
- Cosmetic and reconstructive procedures and treatments undertaken to improve or modify a Member's appearance except for mastectomy reconstruction following breast cancer surgery
- Custodial or domiciliary care
- Dental care
- Elective abortions, which are not necessary to preserve the health of the Member
- Elective treatment or elective surgery
- Experimental or investigational treatment
- Genetic testing
- Infertility treatment including any drug whose primary purpose is the treatment of infertility
- Mental health services or disorders are limited to those described in your evidence of coverage
- Non-covered benefits or services
- Cost of services in excess of the usual, customary and reasonable charges
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Reversal of voluntary surgically-induced sterility; artificial insemination or in-vitro fertilization or family planning therapies
- Rehabilitation services and therapies are limited to those recommended by a Participating or Referral Physician as medically necessary
- Storage of bodily fluids and other body parts
- Experimental organ transplants and associated donor/procurement costs and artificial organs; e.g., heart
- Treatment received in State or Federal facilities or institutions or services or supplies provided by an employer or governmental agency or entity
- Vision corrective surgery including laser application
- War, insurrection, riot, disaster or epidemic
- Weight reduction surgery