

HEALTH PLAN NAME	DECISION FACTORS	DEDUCTIBLE	BENEFITS	OFFICE VISITS	PRESCRIPTIONS
<div>ADVANCED VALUE</div> <div>(10)</div> <div>Benefits at a Glance</div>	<div>CATASTROPHIC COVERAGE</div> <ul style="list-style-type: none">Lower monthly cost.Higher financial risk.Higher out-of-pocket cost.Not HDHP or HSA compatible.	IN-NETWORK: EMPLOYEE: \$7,150 EMPLOYEE +1: \$12,500 FAMILY: \$14,300	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$70 copay.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: 50%, \$100 maxBrand non-preferred: 50%, \$300 maxSpecialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>LIVING FIT HSA</div> <div>(12)</div> <div>Benefits at a Glance</div>	<div>WELLNESS INCENTIVE PLAN</div> <ul style="list-style-type: none">Tax-advantaged health savings account (HSA).Lowest monthly cost.Moderate financial risk.Exercise rewards.Free health assessment.	IN-NETWORK: EMPLOYEE: \$3000 EMPLOYEE +1: \$6,000 FAMILY: \$6000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,500 EMPLOYEE +1: \$15,000 FAMILY: \$15,000	For in-person, specialty and virtual office visits: You pay 20% after deductible is met.	<ul style="list-style-type: none">Maintenance medication allowances before deductible. Ask for details.Pharmacy benefit after your deductible is met.Generic: \$10Generic non-preferred: \$20
<div>LIVING FIT PPO</div> <div>(11)</div> <div>Benefits at a Glance</div>	<div>WELLNESS INCENTIVE PLAN</div> <ul style="list-style-type: none">Low monthly cost.Moderate financial risk.Acupuncture/medical massage therapy features.Exercise rewards.Free health assessment.	IN-NETWORK: EMPLOYEE: \$3,000 EMPLOYEE +1: \$4,500 FAMILY: \$6,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary office visits: \$30 copay. Specialist office visits: \$45 copay.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: 50%, \$100 maxBrand non-preferred: 50%, \$300 maxSpecialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>FAMILY FOCUS PPO</div> <div>(8)</div> <div>Benefits at a Glance</div>	<div>WELLNESS INCENTIVE PLAN</div> <ul style="list-style-type: none">Moderate monthly cost.Moderate financial risk.Moderate out-of-pocket \$.Family health rewards and special incentives for kids.Activity rewards.	IN-NETWORK: EMPLOYEE: \$3,000 (\$4,000 co-ins max) EMPLOYEE +1: \$4,500 (\$8,000 co-ins max) FAMILY: \$4,500 (\$8,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$17,400 FAMILY: \$17,400	Primary:100% after \$20 copay including chiropractic visits. Specialist: 100% after \$40 copay, including physical therapy.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: \$60 maxBrand non-preferred: \$120 maxSpecialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>FAMILY FOCUS HSA</div> <div>(6)</div> <div>Benefits at a Glance</div>	<div>WELLNESS INCENTIVE PLAN</div> <ul style="list-style-type: none">Tax-advantaged HSA.Moderate monthly cost.Moderate financial risk.Moderate out-of-pocket \$.Family activity rewards & special incentives for kids.	IN-NETWORK: EMPLOYEE: \$3,000 EMPLOYEE +1: \$6,000 FAMILY: \$6,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,500 EMPLOYEE +1: \$15,000 FAMILY: \$15,000	Pays 80% after deductible. Services provided in the office are subject to the deductible (e.g. urine analysis, throat culture, blood work, etc.)	<ul style="list-style-type: none">Pharmacy benefit after deductibleMaintenance med allowance before dedGeneric: \$10/Generic non-preferred: \$20Brand preferred: \$60Brand non-preferred: \$120Specialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>CLASSIC PLUS PPO \$2500</div> <div>(4)</div> <div>Benefits at a Glance</div>	<div>BRONZE LEVEL FEATURES</div> <ul style="list-style-type: none">Moderate monthly cost.Moderate financial risk.Moderate out-of-pocket \$.	IN-NETWORK: EMPLOYEE: \$2,500 (\$3,000 co-ins max) EMPLOYEE +1: \$5,000 (\$4,000 co-ins max) FAMILY: \$7,500 (\$5,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$8,000 EMPLOYEE +1: \$12,000 FAMILY: \$16,000	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$55 copay.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: \$60Brand non-preferred: \$120 maxSpecialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>ELITE HSA \$2000</div> <div>(5)</div> <div>Benefits at a Glance</div>	<div>SILVER LEVEL FEATURES</div> <ul style="list-style-type: none">Tax-advantaged HSA.Higher monthly cost.Lower financial risk.Lower out-of-pocket \$.	IN-NETWORK: EMPLOYEE: \$2,000 EMPLOYEE +1: \$4,000 FAMILY: \$4,000	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$5,000 EMPLOYEE +1: \$10,000 FAMILY: \$10,000	Pays 80% after deductible. Services provided in the office are subject to the deductible (e.g. urine analysis, throat culture, blood work, etc.)	<ul style="list-style-type: none">Pharmacy benefit after deductibleGeneric: \$10Generic non-preferred: \$20Brand preferred: \$60Brand non-preferred: \$120Specialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>SELECT PPO \$1500</div> <div>(3)</div> <div>Benefits at a Glance</div>	<div>SILVER LEVEL FEATURES</div> <ul style="list-style-type: none">Higher monthly cost.Lower financial risk.Lower coinsurance max.	IN-NETWORK: EMPLOYEE: \$1,500 (\$3,000 co-ins max) EMPLOYEE +1: \$3,000 (\$6,000 co-ins max) FAMILY: \$4,500 (\$9,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$7,000 EMPLOYEE +1: \$10,500 FAMILY: \$14,000	Primary:100% after \$35 copay including chiropractic visits. Specialist: 100% after \$70 copay.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: \$60Brand non-preferred: \$120Specialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>ELITE PPO \$1000</div> <div>(2)</div> <div>Benefits at a Glance</div>	<div>GOLD LEVEL FEATURES</div> <ul style="list-style-type: none">Higher monthly cost.Lower financial risk.Lower coinsurance max.	IN-NETWORK: EMPLOYEE: \$1,000 (\$3,000 co-ins max) EMPLOYEE +1: \$2,000 (\$6,000 co-ins max) FAMILY: \$3,000 (\$9,000 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$6,000 EMPLOYEE +1: \$9,000 FAMILY: \$12,000	Primary:100% after \$30 copay including chiropractic visits. Specialist: 100% after \$45 copay.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: \$50Brand non-preferred: \$100Specialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max
<div>SIMPLY COPAYS</div> <div>(0)</div> <div>Benefits at a Glance</div>	<div>FEATURES</div> <ul style="list-style-type: none">Higher monthly cost.Lower financial risk.No deductible.Transparent: Each service has a set copay.	IN-NETWORK: EMPLOYEE: \$0 EMPLOYEE +1: \$0 FAMILY: \$0	OUT-OF-POCKET MAX: EMPLOYEE: \$8,700 EMPLOYEE +1: \$13,075 FAMILY: \$17,400	Primary: \$20 copay. Specialist: \$75 copay.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: \$40Brand non-preferred: \$80Specialty preferred: 20%, \$200 maxSpecialty non-preferred: 20%, \$500 max
<div>PREMIER ELITE PPO \$500</div> <div>(1)</div> <div>Benefits at a Glance</div>	<div>PLATINUM LEVEL FEATURES</div> <ul style="list-style-type: none">Higher monthly cost.Lower financial risk.Lowest coinsurance max and out-of-pocket costs.Rich benefits.	IN-NETWORK: EMPLOYEE: \$500 (\$2,500 co-ins max) EMPLOYEE +1: \$1,000 (\$5,000 co-ins max) FAMILY: \$1,500 (\$7,500 co-ins max)	Pays 80% after deductible. OUT-OF-POCKET MAX: EMPLOYEE: \$5,000 EMPLOYEE +1: \$7,500 FAMILY: \$10,000	Primary:100% after \$30 copay including chiropractic visits. Specialist: 100% after \$60 copay.	<ul style="list-style-type: none">Generic: \$10Generic non-preferred: \$20Brand preferred: \$50Brand non-preferred: \$100Specialty preferred: 20%, \$200 maxSpecialty non-preferred: 50%, \$500 max