



Plan	Deductible (ind/fam)	Out-of-pocket Max (ind/fam)	Coins	Primary care OV	Specialist OV	Urgent Care	Emergency Room	Lab / X-Ray	Inpatient Hospital
Diamond	\$500 / \$1,000	\$5,000 / \$10,000	20%	\$25 (\$15 enhanced benefit) / visit, deductible does not apply			\$200 / visit, then 20% coinsurance	20% coinsurance	\$200 / admission, then 20% coinsurance
Emerald	\$1,000 / \$2,000	\$5,000 / \$10,000	20%	\$25 (\$15 enhanced benefit) / visit then 20% coinsurance			\$200 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance
Sapphire	\$1,500 / \$4,500	\$4,000 / \$12,000	20%	\$40 (\$30 enhanced benefit) / visit then 20% coinsurance			\$200 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance
Jade	\$2,500 / \$5,000	\$7,150 / \$14,300	20%	\$25 / visit, then 20% coinsurance	\$50 / visit, then 20% coinsurance	\$25 / visit, then 20% coinsurance	\$200 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance
Quartz	\$2,500 / \$5,000	\$7,150 / \$14,300	20%	\$25 (\$15 enhanced benefit) / visit then 20% coinsurance			\$200 / visit, then 20% coinsurance	20% coinsurance	\$200 / admission, then 20% coinsurance
Pearl	\$2,500 / \$5,000	\$7,150 / \$14,300	30%	\$40 / visit, then 30% coinsurance			\$200 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance
Ruby	\$3,000 / \$6,000	\$7,150 / \$14,300	30%	\$40 (\$30 enhanced benefit) / visit, deductible does not apply			\$250 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance
Onyx	\$5,000 / \$10,000	\$7,150 / \$14,300	30%	\$25 / visit, then 30% coinsurance	\$50 / visit, then 30% coinsurance	\$25 / visit, then 30% coinsurance	\$200 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance
Opal	\$5,000 / \$10,000	\$7,150 / \$14,300	50%	\$25 (\$15 enhanced benefit) / visit, then 50% coinsurance			\$250 / visit, then 50% coinsurance	50% coinsurance	50% coinsurance
Topaz	\$5,000 / \$10,000	\$7,150 / \$14,300	50%	\$40 / visit, then 50% coinsurance			\$200 / visit, then 50% coinsurance	50% coinsurance	\$1,000 / admission, then 50% coinsurance

Zircon	\$5,000 / \$10,000	\$7,150 / \$14,300	50%	\$25 / visit, then 50% coinsurance			\$200 / visit, then 50% coinsurance	50% coinsurance	50% coinsurance
HSA 2500	\$2,500 / \$5,000	\$4,500 / \$8,500	20%	20% coinsurance			20% coinsurance	20% coinsurance	20% coinsurance
Virtual Plus 1000	\$1,000 / \$2,000	\$4,000 / \$8,000	20%	Telehealth: No charge, deductible does not apply; In person with authorization: \$20/visit, deductible does not apply; In-person without authorization: 20% coinsurance	Telehealth: No charge, deductible does not apply; In-person with authorization: \$40 / visit, deductible does not apply; In-person without authorization: 20% coinsurance	\$20/visit for primary care or \$40/visit for Specialty care, deductible does not apply	\$200 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance
Virtual Plus 2000	\$2,000 / \$4,000	\$5,500 / \$11,000	20%	Telehealth: No charge, deductible does not apply; In person with authorization: \$30/visit, deductible does not apply; In-person without authorization: 20% coinsurance	Telehealth: No charge, deductible does not apply; In-person with authorization: \$60/visit, deductible does not apply; In-person without authorization: 20% coinsurance	\$30/visit for primary care or \$60/visit for Specialty care, deductible does not apply.	\$200 / visit, then 20% coinsurance	20% coinsurance	20% coinsurance
Virtual Plus 3000	\$3,000 / \$6,000	\$7,000 / \$14,000	30%	Telehealth: No charge, deductible does not apply; In person with authorization: \$30/visit, deductible does not apply; In-person without authorization: 30% coinsurance	Telehealth: No charge, deductible does not apply; In-person with authorization: \$60/visit, deductible does not apply; In-person without authorization: 30% coinsurance	\$30/visit for primary care or \$60/visit for Specialty care, deductible does not apply.	\$200 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance

Virtual Plus 5000	<i>\$5,000 / \$10,000</i>	<i>\$9,000 / \$18,000</i>	30%	<i>Telehealth: No charge, deductible does not apply; In person with authorization: \$40/visit, deductible does not apply; In-person without authorization: 30% coinsurance</i>	<i>Telehealth: No charge, deductible does not apply; In-person with authorization: \$80/visit, deductible does not apply; In-person without authorization: 30% coinsurance</i>	<i>\$40 / visit for primary care or \$80 / visit for Specialty care</i>	<i>\$200 / visit, then 30% coinsurance</i>	30% coinsurance	30% coinsurance
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