



Plan	Type	First 4 Benefit	Deductible (ind/fam)	Out-of-pocket Max (ind/fam)	Coins	Primary care OV	Specialist OV	Urgent Care	Emergency Room	Lab / X-Ray	Inpatient Hospital	RX
Diamond	PPO		\$500 / \$1,000	\$5,000 / \$10,000	20%	\$25/visit, deductible does not apply			\$200 / visit, then 20% coinsurance	20% coinsurance	\$200 / admission, then 20% coinsurance	\$20 / \$50 / \$95 (15/45/85 enhanced) mail 2x
Emerald	PPO	Yes	\$1,000 / \$2,000	\$5,000 / \$10,000	20%	\$25/visit then 20% coinsurance			\$200 / visit, then 20% coinsurance	\$500 allowance, then deductible & coinsurance	20% coinsurance	\$20 / \$50 / \$95 (15/45/85 enhanced) mail 2x
Sapphire	PPO	Yes	\$1,500 / \$4,500	\$4,000 / \$12,000	20%	\$40/ visit then 20% coinsurance			\$200 / visit, then 20% coinsurance	\$500 allowance, then deductible & coinsurance	20% coinsurance	\$20 / \$50 / \$95 (15/45/85 enhanced) mail 2x
Jade	HMO	Yes	\$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	\$500 allowance, then deductible & coinsurance	20% coinsurance	\$25/ \$50, mail 2x
Quartz	PPO	Yes	\$2,500 / \$5,000	\$7,150 / \$14,300	20%	\$25/ visit then 20% coinsurance			\$200 / visit, then 20% coinsurance	\$500 allowance, then deductible & coinsurance	\$200 / admission, then 20% coinsurance	\$20 / \$50 / \$95 (15/45/85 enhanced) mail 2x
Pearl	HMO		\$2,500 / \$5,000	\$7,150 / \$14,300	30%	\$40 / visit, then 30% coinsurance			\$200 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$25 / \$50 / \$75 retail, Mail 2x
Silver	HMO		\$3,000 / \$9,000	\$5,000 / \$15,000	30%	\$35 / Visit then 30% coinsurance, deductible does not apply			\$200 / visit, then 30% coinsurance	Lab \$30 copay X-ray \$100 copay	IP \$250 per admitOP 30% coinsurance	\$25 / \$50 / \$75 retail, Mail 2x
Ruby	PPO		\$3,000 / \$6,000	\$7,150 / \$14,300	30%	\$40/ visit, deductible does not apply			\$250 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$20 / \$50 / \$95 (15/45/85 enhanced) mail 2x
Onyx	HMO	Yes	\$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	\$500 allowance, then deductible & coinsurance	30% coinsurance	\$25/ \$50, mail 2x
Opal	PPO		\$5,000 / \$10,000	\$7,150 / \$14,300	50%	\$25/ visit, then 50% coinsurance			\$250 / visit, then 50% coinsurance	50% coinsurance	50% coinsurance	\$20 / \$50 / \$95 (15/45/85 enhanced) mail 2x
Topaz	HMO		\$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	\$20 /\$40, mail 2x
Zircon	HMO	Yes	\$5,000 / \$10,000	\$7,150 / \$14,300	50%	\$25 / visit, then 50% coinsurance			\$200 / visit, then 50% coinsurance	\$500 allowance, then deductible & coinsurance	50% coinsurance	\$25 / \$50 / \$75 retail, Mail 2x
Z2	HMO	Yes	\$5,000 / \$10,000	\$9,000 / \$18,000	50%	\$35 / visit, then 50% coinsurance			\$200 / visit, then 50% coinsurance	\$500 allowance, then deductible & coinsurance	IP Ded/CoinsOP \$35 / visit, then Ded/Coins	\$25 / \$50 / \$75 retail, Mail 2x
HSA 2500	HMO		\$2,500 / \$5,000	\$4,500 / \$8,500	20%	20% coinsurance			20% coinsurance	20% coinsurance	20% coinsurance	\$20 / \$40 / \$60, Mail 3x, Ded applies
HSA 2500	PPO		\$2,500 / \$5,000	\$4,500 / \$8,500	20%	20% coinsurance			20% coinsurance	20% coinsurance	20% coinsurance	\$10 / \$35 / \$70, Mail 3x, Ded applies
Virtual Plus 1000	VP		\$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	\$15/ \$35/ \$150, Mail \$5 copay and 2x
Virtual Plus 2000	VP		\$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	\$15/ \$35/ \$150, Mail \$5 copay and 2x
Virtual Plus 3000	VP		\$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	\$20/ \$40/ \$150/Mail \$5 copay and 2x
Virtual Plus 5000	VP		\$5,000 / \$10,000	\$9,000 / \$18,000	30%	Telehealth: No charge, deductible does not apply; In person with authorization: \$40/visit, deductible does not apply; In-person without authorization: 30% coinsurance	Telehealth: No charge, deductible does not apply; In-person with authorization: \$80/visit, deductible does not apply; In-person without authorization: 30% coinsurance	\$40 / visit for primary care or \$80 / visit for Specialty care	\$200 / visit, then 30% coinsurance	30% coinsurance	30% coinsurance	\$20/ \$40/ \$150/Mail \$5 copay and 2x