

# Health Advantage

## 2023 Small Group Health Plans



### Plan-Year Benefit

Name	Medical Copay Type	Deductibles				Coinsurance		Out of Pocket Maximums				Medical Copays								RX Copays					Deductible Type	TrOOP Type
		IND	IND	FAM	FAM	IN	OUT	IND	IND	FAM	FAM	OT/PT/ST	MH Consult/Eval	IP	OP	ER	UC	PCP	SCP	Gen	Pref	Non Pref	Pref Spec	Spec		
		In-Net	OON	In-Net	OON			In-Net	OON	In-Net	OON															
<b>Platinum 1000 ELITE</b>	a, b, c, d	\$1,000	\$3,000	\$2,000	\$6,000	20%	40%	\$2,000	Unlimited	\$4,000	Unlimited	\$15	\$15	\$200	\$100	\$100	\$40	\$15	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
<b>Gold 1500 ELITE</b>	a, b, c, d	\$1,500	\$4,500	\$3,000	\$9,000	20%	40%	\$5,350	Unlimited	\$10,700	Unlimited	\$25	\$25	\$200	\$100	\$100	\$65	\$25	\$65	\$15	\$45	\$75	\$150	\$300	Fulfillment	Embedded
<b>Gold 2000 VALUE</b>	a, b, c, d	\$2,000	\$6,000	\$4,000	\$12,000	30%	50%	\$8,500	Unlimited	\$17,000	Unlimited	\$20	\$20	\$200	\$100	\$100	\$55	\$20	\$55	\$15	\$50	\$85	coins	coins	Fulfillment	Embedded
<b>Gold 3000 HSA</b>		\$3,000	\$9,000	\$6,000	\$18,000	0%	20%	\$3,000	Unlimited	\$6,000	Unlimited	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
<b>Silver 3000 ELITE</b>	c, d	\$3,000	\$9,000	\$6,000	\$18,000	20%	40%	\$9,100	Unlimited	\$18,200	Unlimited	\$40	\$40	n/a	\$200	n/a	\$85	\$40	\$85	\$30	\$65	\$110	coins	coins	Fulfillment	Embedded
<b>Silver 4800 HSA</b>		\$4,800	\$14,400	\$9,600	\$28,800	0%	20%	\$4,800	Unlimited	\$9,600	Unlimited	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
<b>Bronze 6850 HSA**</b>		\$6,850	\$20,550	\$13,700	\$41,100	0%	20%	\$6,850	Unlimited	\$13,700	Unlimited	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded

\*\*Expanded Bronze

#### Deductible Types

**Fulfillment** - Each family member is subject to the individual deductible until two or three family members have met their individual deductible limit.

**Aggregate (True Family)** - Each family member is subject to the family deductible until the family deductible limit is met.

**Embedded** - Each family members is subject to the individual deductible limit until the sum total family deductible limit has been reached.

#### UNLESS OTHERWISE MENTIONED BELOW, COPAYS ARE NOT SUBJECT TO DEDUCTIBLE

**a:** (ER) has copay before deductible, then coinsurance.

**b:** (IP) & (SNF) have copay before deductible. Copays are per admit.

**c:** Three free visits before member cost sharing applies for Mental Health visit.

**d:** (OP) copay refers to OP ASC facility fee (NOT phys/surg services) & is copay, then deductible, then coinsurance.