	In Network				Out of Network					
Plan Name	Deductible		Maximum C	Maximum Out of Pocket		Deductible		Maximum Out of Pocket		Cainauranaa
	Single	Family	Single	Family	Coinsurance	Single	Family	Single	Family	Coinsurance
HA 5000-100_E	\$5,000	\$10,000	\$5,000	\$10,000	100%	\$15,000	\$30,000	\$30,000	\$60,000	80%
HA 6000-100_E	\$6,000	\$12,000	\$6,000	\$12,000	100%	\$18,000	\$36,000	\$36,000	\$72,000	80%
HA 6500-100_E	\$6,500	\$13,000	\$6,500	\$13,000	100%	\$19,500	\$39,000	\$39,000	\$78,000	80%
HA 7350-100_E	\$7,350	\$14,700	\$7,350	\$14,700	100%	\$22,050	\$44,100	\$44,100	\$88,200	80%
HA 8000-100_E	\$8,000	\$16,000	\$8,000	\$16,000	100%	\$24,000	\$48,000	\$48,000	\$96,000	80%
HA 500-90_E	\$500	\$1,000	\$1,500	\$3,000	90%	\$1,500	\$3,000	\$3,000	\$6,000	70%
HA 750-90_E	\$750	\$1,500	\$1,750	\$3,500	90%	\$2,250	\$4,500	\$4,500	\$9,000	70%
HA 1000-90_E	\$1000	\$2,000	\$2,000	\$4,000	90%	\$3,000	\$6,000	\$6,000	\$12,000	70%
HA 1250-90_E	\$1,250	\$2,500	\$2,250	\$4,500	90%	\$3,750	\$7,500	\$7,500	\$15,000	70%
HA 1500-90_E	\$1,500	\$3,000	\$2,500	\$5,000	90%	\$4,500	\$9,000	\$9,000	\$18,000	70%
HA 2000-90_E	\$2,000	\$4,000	\$3,000	\$6,000	90%	\$6,000	\$12,000	\$12,000	\$24,000	70%
HA 2500-90_E	\$2,500	\$5,000	\$3,500	\$7,000	90%	\$7,500	\$15,000	\$15,000	\$30,000	70%
HA 3000-90_E	\$3,000	\$6,000	\$4,000	\$8,000	90%	\$9,000	\$18,000	\$18,000	\$36,000	70%
HA 3500-90_E	\$3,500	\$7,000	\$4,500	\$9,000	90%	\$10,500	\$21,000	\$21,000	\$42,000	70%
HA 4000-90_E	\$4,000	\$8,000	\$5,000	\$10,000	90%	\$12,000	\$24,000	\$24,000	\$48,000	70%
HA 5000-90_E	\$5,000	\$10,000	\$6,000	\$12,000	90%	\$15,000	\$30,000	\$30,000	\$60,000	70%
HA 500-80_E_2	\$500	\$1,000	\$2,500	\$5,000	80%	\$1,500	\$3,000	\$3,000	\$6,000	60%
HA 500-80_E_3	\$500	\$1,000	\$3,500	\$7,000	80%	\$1,500	\$3,000	\$4,000	\$8,000	60%
HA 500-80_E_4	\$500	\$1,000	\$4,500	\$9,000	80%	\$1,500	\$3,000	\$5,000	\$10,000	60%
HA 750-80_E_2	\$750	\$1,500	\$2,750	\$5,500	80%	\$2,250	\$4,500	\$4,500	\$9,000	60%
HA 750-80_E_3	\$750	\$1,500	\$3,750	\$7,500	80%	\$2,250	\$4,500	\$5,500	\$11,000	60%

Key	Кеу					
The	The letter at the end of the plan name is shorthand for the deductible type.					
Е	E Embedded deductible (see definition on page 5) 2 Deductible + \$2,000					
		3	Deductible + \$3,000			
		4	Deductible + \$4,000			

Maximum out-of-pocket

All POS maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only. Actual results may vary.



	In Network				Out of Network					
Plan Name	Deductible		Maximum Out of Pocket		Caimannana	Deductible		Maximum Out of Pocket		0.:
	Single	Family	Single	Family	Coinsurance	Single	Family	Single	Family	Coinsurance
HA 750-80_E_4	\$750	\$1,500	\$4,750	\$9,500	80%	\$2,250	\$4,500	\$6,500	\$13,000	60%
HA 1000-80_E_2	\$1,000	\$2,000	\$3,000	\$6,000	80%	\$3,000	\$6,000	\$6,000	\$12,000	60%
HA 1000-80_E_3	\$1,000	\$2,000	\$4,000	\$8,000	80%	\$3,000	\$6,000	\$7,000	\$14,000	60%
HA 1000-80_E_4	\$1,000	\$2,000	\$5,000	\$10,000	80%	\$3,000	\$6,000	\$8,000	\$16,000	60%
HA 1250-80_E_2	\$1,250	\$2,500	\$3,250	\$6,500	80%	\$3,750	\$7,500	\$7,500	\$15,000	60%
HA 1250-80_E_3	\$1,250	\$2,500	\$4,250	\$8,500	80%	\$3,750	\$7,500	\$8,500	\$17,000	60%
HA 1250-80_E_4	\$1250	\$2,500	\$5,250	\$10,500	80%	\$3,750	\$7,500	\$9,500	\$19,000	60%
HA 1500-80_E_2	\$1500	\$3,000	\$3,500	\$7,000	80%	\$4,500	\$9,000	\$9,000	\$18,000	60%
HA 1500-80_E_3	\$1,500	\$3,000	\$4,500	\$9,000	80%	\$4,500	\$9,000	\$10,000	\$20,000	60%
HA 1500-80_E_4	\$1,500	\$3,000	\$5,500	\$11,000	80%	\$4,500	\$9,000	\$11,000	\$22,000	60%
HA 2000-80_E_2	\$2,000	\$4,000	\$4,000	\$8,000	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%
HA 2000-80_E_3	\$2,000	\$4,000	\$5,000	\$10,000	80%	\$6,000	\$12,000	\$13,000	\$26,000	60%
HA 2000-80_E_4	\$2,000	\$4,000	\$6,000	\$12,000	80%	\$6,000	\$12,000	\$14,000	\$28,000	60%
HA 2500-80_E_2	\$2,500	\$5,000	\$4,500	\$9,000	80%	\$7,500	\$15,000	\$15,000	\$30,000	60%
HA 2500-80_E_3	\$2,500	\$5,000	\$5,500	\$11,000	80%	\$7,500	\$15,000	\$16,000	\$32,000	60%
HA 2500-80_E_4	\$2,500	\$5,000	\$6,500	\$13,000	80%	\$7,500	\$15,000	\$17,000	\$34,000	60%
HA 3000-80_E_2	\$3,000	\$6,000	\$5,000	\$10,000	80%	\$9,000	\$18,000	\$18,000	\$36,000	60%
HA 3000-80_E_3	\$3000	\$6,000	\$6,000	\$12,000	80%	\$9,000	\$18,000	\$19,000	\$38,000	60%
HA 3000-80_E_4	\$3000	\$6,000	\$7,000	\$14,000	80%	\$9,000	\$18,000	\$20,000	\$40,000	60%
HA 3500-80_E_2	\$3500	\$7,000	\$5,500	\$11,000	80%	\$10,500	\$21,000	\$21,000	\$42,000	60%

Key	Кеу				
The	The letter at the end of the plan name is shorthand for the deductible type.				
Ε	Embedded deductible (see definition on page 5)	2	Deductible + \$2,000		
		3	Deductible + \$3,000		
		4	Deductible + \$4,000		

Maximum out-of-pocket	
All POS maximum out-of-pocket are embedded.	

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	In Network				Out of Network					
Plan Name	Deductible		Maximum 0	Maximum Out of Pocket		Deductible		Maximum Out of Pocket		Caimannana
	Single	Family	Single	Family	Coinsurance	Single	Family	Single	Family	Coinsurance
HA 3500-80_E_3	\$3,500	\$7,000	\$6,500	\$13,000	80%	\$10,500	\$21,000	\$22,000	\$44,000	60%
HA 3500-80_E_4	\$3,500	\$7,000	\$7,500	\$15,000	80%	\$10,500	\$21,000	\$23,000	\$46,000	60%
HA 4000-80_E_2	\$4,000	\$8,000	\$6,000	\$12,000	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%
HA 4000-80_E_3	\$4,000	\$8,000	\$7,000	\$14,000	80%	\$12,000	\$24,000	\$25,000	\$50,000	60%
HA 4000-80_E_4	\$4,000	\$8,000	\$8,000	\$16,000	80%	\$12,000	\$24,000	\$26,000	\$52,000	60%
HA 5000-80_E_2	\$5,000	\$10,000	\$7,350	\$14,700	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%
HA 5000-80_E_3	\$5000	\$10,000	\$8,150	\$16,300	80%	\$15,000	\$30,000	\$31,150	\$62,300	60%
HA 6000-80_E_2	\$6000	\$12,000	\$8,000	\$16,000	80%	\$18,000	\$36,000	\$36,000	\$72,000	60%
HA 6500-80_E_2	\$6,500	\$13,000	\$8,500	\$17,000	80%	\$19,500	\$39,000	\$39,000	\$78,000	60%
HA 500-70_E	\$500	\$1,000	\$3,500	\$7,000	70%	\$1,500	\$3,000	\$3,000	\$6,000	50%
HA 750-70_E	\$750	\$1,500	\$3,750	\$7,500	70%	\$2,250	\$4,500	\$4,500	\$9,000	50%
HA 1000-70_E	\$1,000	\$2,000	\$4,000	\$8,000	70%	\$3,000	\$6,000	\$6,000	\$12,000	50%
HA 1250-70_E	\$1,250	\$2,500	\$4,250	\$8,500	70%	\$3,750	\$7,500	\$7,500	\$15,000	50%
HA 1500-70_E	\$1,500	\$3,000	\$4,500	\$9,000	70%	\$4,500	\$9,000	\$9,000	\$18,000	50%
HA 2000-70_E	\$2,000	\$4,000	\$5,000	\$10,000	70%	\$6,000	\$12,000	\$12,000	\$24,000	50%
HA 2500-70_E	\$2,500	\$5,000	\$5,500	\$11,000	70%	\$7,500	\$15,000	\$15,000	\$30,000	50%
HA 3000-70_E	\$3,000	\$6,000	\$6,000	\$12,000	70%	\$9,000	\$18,000	\$18,000	\$36,000	50%
HA 3500-70_E	\$3500	\$7,000	\$6,500	\$13,000	70%	\$10,500	\$21,000	\$21,000	\$42,000	50%
HA 4000-70_E	\$4000	\$8,000	\$7,000	\$14,000	70%	\$12,000	\$24,000	\$24,000	\$48,000	50%
HA 5000-70_E	\$5000	\$10,000	\$8,000	\$16,000	70%	\$15,000	\$30,000	\$30,000	\$60,000	50%

Key	Кеу					
The	The letter at the end of the plan name is shorthand for the deductible type.					
E Embedded deductible (see definition on page 5) 2 Deductible + \$2,00						
		3	Deductible + \$3,000			
		4	Deductible + \$4,000			

Maximum out-of-pocket

All POS maximum out-of-pocket are embedded.

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Primary / specialty options

	Primary care	Specialty care
Copay 1	\$20	\$40
Copay 2	\$25	\$50
Copay 3	\$30	\$60
Copay 4	\$35	\$70

Urgent care options*

Urgent care 1	\$40 copayment + coinsurance
Urgent care 2	\$50 copayment + coinsurance
Urgent care 3	\$60 copayment + coinsurance
Urgent care 4	\$70 copayment + coinsurance

^{*}Urgent care option selected must be equal to or 2x the specialist copay

Emergency room options

	Factor
Option 1	\$100 copay + coinsurance
Option 2	\$200 copay + coinsurance
Option 3	\$250 copay

Pharmacy options

Copayment	Generic	Brand	Non-preferred brand	Specialty
Plan 1	\$10	\$40	\$60	\$120
Plan 2	\$15	\$45	\$65	\$130
Plan 3	\$15	\$55	\$80	\$250
Plan 4	\$15	\$35	\$55	\$110
Plan 5	\$15	\$35	\$55	\$250
Plan 6	\$15	\$45	\$65	\$250
Plan 7	\$15	\$55	\$80	\$160
Plan 8	\$20	\$50	\$70	\$140
Plan 9	\$20	\$50	\$70	\$250

Voluntary mail-order 2X / 100-day supply retail 3X

Option to select 2 pharmacy deductible option of \$100 or \$200 and apply copays Factors range from -1.5% to -2% depending on plan/deductible selection

Benefits	
Inpatient Services	\$200 per admit plus coinsurance after deductible
Outpatient Surgical Services	\$100 copayment plus coinsurance after deductible
Wellness Included	Yes



Deductible definition

How your embedded family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members—even in the event when no single family member meets the individual deductible.

Example: Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500. Sue paid \$1,200 in covered healthcare expenses. Bob paid \$1,100 in covered healthcare expenses. Margo paid \$700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).

