



"UNIFIED FOR STRENGTH,  
STABILITY & SERVICE"

		In Network										Out of Network					
		Office Visit		Deductible		Coinsurance	Out of Pocket		ER copay	RX	Inpatient Facility	Deductible		Coinsurance	Out of Pocket		
		PCP	SCP	Ind	Family		Ind	Family				Ind	Family		Ind	Family	Ind
		Notional Dollars***															
PPO	PPO 500		\$30	\$50	\$500	\$1,500	20%	\$2,000	\$4,000	\$200/20%	\$10/\$35/\$75/ 25% to \$150 max	20%	\$1,000	\$3,000	50%	\$6,000	\$12,000
	PPO 1000		\$30	\$50	\$1,000	\$3,000	20%	\$3,000	\$6,000	\$200/20%	\$10/\$35/\$75/25% to \$150 max	20%	\$2,000	\$6,000	50%	\$6,000	\$12,000
	PPO 1500		\$30	\$50	\$1,500	\$4,500	20%	\$4,000	\$8,000	\$200/20%	\$10/\$35/\$75/25% to \$150 max	20%	\$3,000	\$9,000	50%	\$6,000	\$12,000
	PPO 2500		\$30	\$50	\$2,500	\$7,500	20%	\$4,500	\$9,000	\$200/20%	\$10/\$35/\$75/25% to \$150 max	20%	\$2,500	\$7,500	50%	\$7,500	\$15,000
HMO	HMO		\$25	\$50	\$0	\$0	0%			\$200	\$10/\$35/\$75/25% to \$150 max	\$500	No Benefits Out of Network				
POS - Point of Service	POS		\$25	\$50	\$0	\$0	30%	\$2,000	\$4,000	\$200	\$10/\$35/\$75/25% to \$150 max	30%	\$1,000	\$3,000	50%	\$4,000	\$8,000
Anthem Essential	Anthem Essential		90%		\$1,000	\$3,000	20%	\$5,000	\$10,000	\$200/20%	\$10 Generic Only	\$500/20%	\$2,000	\$6,000	50%	\$10,000	\$20,000
Health Savings Account*	HSA6 2000		Ded. + 0%		\$2,000	\$4,000 NonEm**	0%	\$2,000	\$4,000	Ded. + 0%	Ded. + 0%	Ded. + 0%	Combined with In Network Deductible		30%	\$4,000	\$8,000
	HSA6A 2000RX		Ded. + 0%		\$2,000	\$4,000 NonEm**	0%	\$3,000	\$6,000	Ded. + 0%	Deductible, then \$10/\$30/\$50/25% to \$150 Copays apply toward out of pocket.	Ded. + 0%	Combined with In Network Deductible		30%	\$6,000	\$12,000
	HSA7 2000		Ded. + 20%		\$2,000	\$4,000 NonEm**	20%	\$5,000	\$10,000	Ded. + 20%	Ded. + 20%	Ded. + 20%	Combined with In Network Deductible		40%	\$10,000	\$20,000
	HSA8 2500-EMB		Ded. + 20%		\$2,500	\$5,000	20%	\$5,000	\$10,000	Ded. + 20%	Ded. + 20%	Ded. + 20%	Combined with In Network Deductible		40%	\$10,000	\$20,000
	HSA11 3000		Ded. + 20%		\$3,000	\$6,000 NonEm**	20%	\$5,000	\$10,000	Ded. + 20%	Ded. + 20%	Ded. + 20%	Combined with In Network Deductible		40%	\$10,000	\$20,000
Health Incentive Acct Plus*	HIA+1500 / 500	\$500	Ded. + 30%		\$1,500	\$3,000 NonEm**	30%	\$5,000	\$10,000	Ded. + 30%	Ded. + 30%	Ded. + 30%	Combined with In Network Deductible		50%	\$10,000	\$20,000
	HIA+3000 / 1000	\$1,000	Ded. + 30%		\$3,000	\$6,000 NonEm**	30%	\$5,000	\$10,000	Ded. + 30%	Ded. + 30%	Ded. + 30%	Combined with In Network Deductible		50%	\$10,000	\$20,000

\*Preventative Care Covered @ 100% with NO deductible on HSA and HIA plans. Includes REWARDS program for participation in wellness initiatives.

HSA8 2500-EMB - Individual deductible and out-of-pocket maximum work like PPO Plans.

\*\*NonEm = NonEmbedded Deductible: If single coverage is elected, the individual deductible and maximum out of pocket applies. If family coverage is elected, the family deductible and family out-of-pocket maximum will apply to all covered family members collectively.

\*\*\*Notional Dollars = Carrier Contribution

The contributions will be given based on a prorated amount monthly to that member until the end of the calendar year. (Example: \$83.33 monthly for 6/12th of the year for the \$1000 Annual Allocation.) On January 1st of the next year, the member would receive the full allocation (Example: \$1,000 on HIA+3000.)

PCP = Primary Care Physician Copay

SCP - Specialist Copay

HMO / POS Plans only available in certain counties.