

Major Medical Plans	Ultra 8000 HSA	Ultra 7350	Ultra 6000	Ultra 3000	Ultra 1000
Network	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>
Type of Plan	Qualified HSA Health Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan
Plan Availability	14 States	14 States	14 States	14 States	14 States
Member:	\$763.00	\$800.00	\$829.00	\$940.00	\$1,244.00
Member + Spouse	\$1,338.00	\$1,407.00	\$1,460.00	\$1,665.00	\$2,228.00
Member + Child(ren)	\$1,196.00	\$1,257.00	\$1,304.00	\$1,485.00	\$1,985.00
Family	\$1,744.00	\$1,835.00	\$1,905.00	\$2,176.00	\$2,922.00
<b>Benefits</b>					
Individual Deductible	\$8,000	\$7,350	\$6,000	\$3,000	\$1,000
Family Deductible	\$16,000	\$14,700	\$12,000	\$6,000	\$2,000
Individual Max Out of Pocket	\$8,000	\$9,200	\$9,200	\$9,200	\$9,200
Family Max Out of Pocket	\$16,000	\$18,400	\$18,400	\$18,400	\$18,400
Coinsurance	100%	70%	70%	70%	70%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Copay	0% after deductible	\$30 copay/visit	\$30 copay/visit	\$30 copay/visit	\$30 copay/visit
Specialist Care Copay	0% after deductible	\$60 copay/visit	\$60 copay/visit	\$60 copay/visit	\$60 copay/visit
Urgent Care	0% after deductible	\$60 copay/visit	\$60 copay/visit	\$60 copay/visit	\$60 copay/visit
Mental Health Outpatient	0% after deductible	\$30 copay/visit	\$30 copay/visit	\$30 copay/visit	\$30 copay/visit
Rehabilitation & Habilitation services	0% after deductible	\$60 copay/visit	\$60 copay/visit	\$60 copay/visit	\$60 copay/visit
<b>Laboratory</b>					
Diagnostic Test	0% after deductible	\$30 copay/visit	\$30 copay/visit	\$30 copay/visit	\$30 copay/visit
<b>Radiology Services</b>					
Facility (CT, PET, MRI's) up to plan allowance	Facility: 0% after deductible Professional Fees: 0% after deductible	Facility: 30%, deductible does not apply. Professional Fees: 30% after deductible	Facility: 30%, deductible does not apply. Professional Fees: 30% after deductible	Facility: 30%, deductible does not apply. Professional Fees: 30% after deductible	Facility: 30%, deductible does not apply. Professional Fees: 30% after deductible
<b>Facility &amp; Professional Services</b>					
Emergency Room - Physician Fees	0% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency Room - Facility	0% after deductible	30%, deductible does not apply.	30%, deductible does not apply.	30%, deductible does not apply.	30%, deductible does not apply.
Inpatient Hospital - Physician Fees	0% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient - Facility	0% after deductible	30%, deductible does not apply.	30%, deductible does not apply.	30%, deductible does not apply.	30%, deductible does not apply.
Outpatient - Physician	0% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient Hospital - Facility	0% after deductible	30%, deductible does not apply.	30%, deductible does not apply.	30%, deductible does not apply.	30%, deductible does not apply.
<b>Out of Network</b>					
Deductible	\$16,000/\$32,000	\$14,700/\$29,400	\$12,000/\$24,000	\$6,000/\$12,000	\$2,000/\$4,000
MOOP	\$18,400/\$36,800	\$18,400/\$36,800	\$18,400/\$36,800	\$18,400/\$36,800	\$18,400/\$36,800
Coinsurance	40%	40%	40%	40%	40%
Reimbursement	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee
<b>Prescription Drug Benefit</b>					
Generic	0% after deductible	\$15	\$15	\$15	\$15
Preferred Brand	0% after deductible	\$65	\$65	\$65	\$65
Non-Preferred Brand	0% after deductible	\$100	\$100	\$100	\$100

For Internal Use ONLY

- 12-month rate guarantee from effective date.
- All benefits are on a calendar year basis. (Deductible and MOOP reset on January 1st.)
- All plans will have a One-time Processing fee of \$125
- Does not include \$10 association fee.
- Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates and benefits supersede this sheet.

**\*\*Available in 14 States:** California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, Wisconsin