

	Health Republic TotalFreedom Platinum NS INN OON Dep25 (PPO) (UCR=140mc%)		Health Republic EssentialCare Platinum ST INN Dep25 (EPO) (UCR=N/A)		Health Republic PrimarySelect Platinum NS INN Dep25 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/30/60/60		10/30/60/60		0/35/70/70	
Cost Share Information						
Individual/Family Deductible	N/A	\$4,000/\$8,000	N/A		N/A	
Individual/Family OOP Limit	\$2,000/\$4,000	\$5,000/\$10,000 (incl ded)	\$2,000/\$4,000		\$1,400/\$2,800	
Co-Insurance	N/A	30%	N/A		20%	
Office Visits						
Primary Care	\$15	30% after ded	\$15		No charge	
Specialist	\$35	30% after ded	\$35		\$75	
Maternity Prenatal/Postnatal Care	No charge	30% after ded	No charge		No charge	
Chiropractic Care	\$35	30% after ded	\$35		\$75	
Inpatient Services						
Inpatient Hospital	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req		20%; pre-auth req	
Mental Health Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req		20%; pre-auth req	
Substance Abuse Inpatient	\$500/admit; pre-auth req	30% after ded; pre-auth req	\$500/admit; pre-auth req		20%; pre-auth req	
Outpatient Services						
Outpatient Facility	\$100; pre-auth req	30% after ded; pre-auth req	\$100; pre-auth req		20%; pre-auth req	
Lab/X-Ray	\$35	30% after ded	\$35		\$75	
Advanced Radiology	\$35	30% after ded	\$35		\$75	
Mental Health Outpatient	\$15	30% after ded	\$15		No charge	
Substance Abuse Outpatient	\$15	30% after ded	\$15		No charge	
Emergency Care						
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted) after ded	\$100 (waived if admitted)		\$250 (waived if admitted)	
Ambulance	\$100	\$100 after ded	\$100		\$100	
Urgent Care	\$55	\$55 after ded	\$55		\$100	
Recovery/Special Needs						
Home Health Care	\$15; 40 visits/plan yr; pre-auth req	30% after ded; 40 visits/plan yr; pre-auth req	\$15; 40 visits/plan yr; pre-auth req		\$15; 40 visits/plan yr; pre-auth req	
Skilled Nursing	\$500/admit; 200 days/plan yr; pre-auth req	30% after ded; 200 days/plan yr; pre-auth req	\$500/admit; 200 days/plan yr; pre-auth req		20%; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	10%	30% after ded	10%		20%	
Single	1 x \$598.07		1 x \$459.80		1 x \$440.81	
EE with Spouse	0 x \$1,196.10		0 x \$919.58		0 x \$881.59	
EE with Child(ren)	0 x \$1,016.69		0 x \$781.64		0 x \$749.36	
Family	1 x \$1,704.45		1 x \$1,310.40		1 x \$1,256.27	
Monthly Cost	2 \$2,302.52		2 \$1,770.20		2 \$1,697.08	
Annual Cost	\$27,630.24		\$21,242.40		\$20,364.96	

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	Health Republic EssentialCare Gold ST INN Dep25 (EPOc) (UCR=N/A)		Health Republic PrimarySelect Gold NS INN Dep25 (EPOc) (UCR=N/A)		Health Republic EssentialCare Silver ST INN Dep25 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/35/70/70		0/35/70/70 IntDed T2-4		10/35/70/70	
Cost Share Information						
Individual/Family Deductible	\$600/\$1,200		\$250/\$500		\$2,000/\$4,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$3,500/\$7,000 (incl ded)		\$5,500/\$11,000 (incl ded)	
Co-Insurance	N/A		20%		N/A	
Office Visits						
Primary Care	\$25 after ded		No charge		\$30 after ded	
Specialist	\$40 after ded		\$75 ded waived		\$50 after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40 after ded		\$75 ded waived		\$50 after ded	
Inpatient Services						
Inpatient Hospital	\$1,000/admit after ded; pre-auth req		20% after ded; pre-auth req		\$1,500/admit after ded; pre-auth req	
Mental Health Inpatient	\$1,000/admit after ded; pre-auth req		20% after ded; pre-auth req		\$1,500/admit after ded; pre-auth req	
Substance Abuse Inpatient	\$1,000/admit after ded; pre-auth req		20% after ded; pre-auth req		\$1,500/admit after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	\$100 after ded; pre-auth req		20% after ded; pre-auth req		\$100 after ded; pre-auth req	
Lab/X-Ray	\$40 after ded		\$75 ded waived		\$50 after ded	
Advanced Radiology	\$40 after ded		\$75 ded waived		\$50 after ded	
Mental Health Outpatient	\$25 after ded		No charge		\$30 after ded	
Substance Abuse Outpatient	\$25 after ded		No charge		\$30 after ded	
Emergency Care						
Emergency Room	\$150 (waived if admitted) after ded		\$250 (waived if admitted) after ded		\$150 (waived if admitted) after ded	
Ambulance	\$150 after ded		\$150 after ded		\$150 after ded	
Urgent Care	\$60 after ded		\$100 after ded		\$70 after ded	
Recovery/Special Needs						
Home Health Care	\$25 after ded; 40 visits/plan yr; pre-auth req		\$25 after ded; 40 visits/plan yr; pre-auth req		\$30 after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	\$1,000/admit after ded; 200 days/plan yr; pre-auth req		20% after ded; 200 days/plan yr; pre-auth req		\$1,500/admit after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded		20% after ded		30% after ded	
Single	1 x \$391.07		1 x \$390.76		1 x \$334.66	
EE with Spouse	0 x \$782.11		0 x \$781.50		0 x \$669.30	
EE with Child(ren)	0 x \$664.79		0 x \$664.27		0 x \$568.90	
Family	1 x \$1,114.50		1 x \$1,113.63		1 x \$953.75	
Monthly Cost	2 \$1,505.57		2 \$1,504.39		2 \$1,288.41	
Annual Cost	\$18,066.84		\$18,052.68		\$15,460.92	

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	Health Republic PrimarySelect Silver NS INN Dep25 (EPOc) (UCR=N/A)		Health Republic PrimarySelect PCMH Silver NS INN Dep25 (EPOc) (UCR=N/A)		Health Republic EssentialCare Bronze ST INN Dep25 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	0/35/70/70 IntDed T2-4		0/35/70/70 IntDed T2-4		10/35/70/70 IntDed	
Cost Share Information						
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)		\$6,350/\$12,700 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%		20%		50%	
Office Visits						
Primary Care	No charge		T1-No charge; T2-\$30 ded waived		50% after ded	
Specialist	\$75 ded waived		\$75 ded waived		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$75 ded waived		\$75 ded waived		50% after ded	
Inpatient Services						
Inpatient Hospital	20% after ded; pre-auth req		20% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	20% after ded; pre-auth req		20% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	20% after ded; pre-auth req		20% after ded; pre-auth req		50% after ded; pre-auth req	
Outpatient Services						
Outpatient Facility	20% after ded; pre-auth req		20% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	\$75 ded waived		\$75 ded waived		50% after ded; pre-auth req	
Advanced Radiology	\$75 ded waived		\$75 ded waived		50% after ded	
Mental Health Outpatient	No charge		No charge		50% after ded	
Substance Abuse Outpatient	No charge		No charge		50% after ded	
Emergency Care						
Emergency Room	\$250 (waived if admitted) after ded		\$250 (waived if admitted) after ded		50% after ded	
Ambulance	\$150 after ded		\$150 after ded		50% after ded	
Urgent Care	\$100 after ded		\$100 after ded		50% after ded	
Recovery/Special Needs						
Home Health Care	\$30 after ded; 40 visits/plan yr; pre-auth req		\$30 after ded; 40 visits/plan yr; pre-auth req		50% after ded; 40 visits/plan yr; pre-auth req	
Skilled Nursing	20% after ded; 200 days/plan yr; pre-auth req		20% after ded; 200 days/plan yr; pre-auth req		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded		20% after ded		50% after ded	
Single	1 x	\$334.45	1 x	\$406.45	1 x	\$273.78
EE with Spouse	0 x	\$668.87	0 x	\$812.88	0 x	\$547.53
EE with Child(ren)	0 x	\$568.54	0 x	\$690.94	0 x	\$465.40
Family	1 x	\$953.14	1 x	\$1,158.35	1 x	\$780.23
Monthly Cost	2	\$1,287.59	2	\$1,564.80	2	\$1,054.01
Annual Cost		\$15,451.08		\$18,777.60		\$12,648.12

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