

	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
<b>Prescription Drugs</b>						
Drug Card	10/30/60/60		10/30/60/60		0/35/70/70	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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 \$581.86		1 x \$447.35		1 x \$428.87	
EE with Spouse	0 x \$1,163.70		0 x \$894.68		0 x \$857.72	
EE with Child(ren)	0 x \$989.14		0 x \$760.47		0 x \$729.06	
Family	1 x \$1,658.27		1 x \$1,274.91		1 x \$1,222.25	
Monthly Cost	2 \$2,240.13		2 \$1,722.26		2 \$1,651.12	
Annual Cost	\$26,881.56		\$20,667.12		\$19,813.44	

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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
<b>Prescription Drugs</b>						
Drug Card	10/35/70/70		0/35/70/70 IntDed T2-4		10/35/70/70	
<b>Cost Share Information</b>						
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	
<b>Office Visits</b>						
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	
<b>Inpatient Services</b>						
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	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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	
<b>Recovery/Special Needs</b>						
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 \$380.47		1 x \$380.18		1 x \$325.60	
EE with Spouse	0 x \$760.92		0 x \$760.33		0 x \$651.18	
EE with Child(ren)	0 x \$646.78		0 x \$646.28		0 x \$553.50	
Family	1 x \$1,084.31		1 x \$1,083.48		1 x \$927.93	
Monthly Cost	2 \$1,464.78		2 \$1,463.66		2 \$1,253.53	
Annual Cost	\$17,577.36		\$17,563.92		\$15,042.36	

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	Health Republic PrimarySelect 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
<b>Prescription Drugs</b>				
Drug Card	0/35/70/70 IntDed T2-4		10/35/70/70 IntDed	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	20%		50%	
<b>Office Visits</b>				
Primary Care	No charge		50% after ded	
Specialist	\$75 ded waived		50% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge	
Chiropractic Care	\$75 ded waived		50% after ded	
<b>Inpatient Services</b>				
Inpatient Hospital	20% after ded; pre-auth req		50% after ded; pre-auth req	
Mental Health Inpatient	20% after ded; pre-auth req		50% after ded; pre-auth req	
Substance Abuse Inpatient	20% after ded; pre-auth req		50% after ded; pre-auth req	
<b>Outpatient Services</b>				
Outpatient Facility	20% after ded; pre-auth req		50% after ded; pre-auth req	
Lab/X-Ray	\$75 ded waived		50% after ded; pre-auth req	
Advanced Radiology	\$75 ded waived		50% after ded	
Mental Health Outpatient	No charge		50% after ded	
Substance Abuse Outpatient	No charge		50% after ded	
<b>Emergency Care</b>				
Emergency Room	\$250 (waived if admitted) after ded		50% after ded	
Ambulance	\$150 after ded		50% after ded	
Urgent Care	\$100 after ded		50% after ded	
<b>Recovery/Special Needs</b>				
Home Health Care	\$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		50% after ded; 200 days/plan yr; pre-auth req	
Durable Medical Equipment	20% after ded		50% after ded	
Single	1 x	\$325.39	1 x	\$266.37
EE with Spouse	0 x	\$650.75	0 x	\$532.71
EE with Child(ren)	0 x	\$553.13	0 x	\$452.80
Family	1 x	\$927.32	1 x	\$759.12
Monthly Cost	2	\$1,252.71	2	\$1,025.49
Annual Cost		\$15,032.52		\$12,305.88

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