

	Crystal Run Platinum PPO 1 w/Family Planning Dep Age 26 (PPO) (UCR=140mc%)		Crystal Run Platinum EPO 3 w/Family Planning Dep Age 26 (EPO) (UCR=N/A)		Crystal Run Platinum EPO 2 w/Family Planning Dep Age 26 (EPO) (UCR=N/A)		Crystal Run Platinum EPO 1 w/Family Planning Dep Age 26 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60/100 ded T2-3		5/30/60		10/30/60		10/30/60/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A	\$2,000/\$4,000	N/A		N/A		N/A	
Individual/Family OOP Limit	\$2,000/\$4,000	\$5,000/\$10,000 (incl ded)	\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000	
Co-Insurance	N/A	30%	N/A		N/A		N/A	
Office Visits								
Primary Care	T1-\$10; T2-\$30	30% after ded	T1-\$10; T2-\$30		T1-\$20; T2-\$40		T1-\$10; T2-\$30	
Specialist	T2-\$20; T2-\$40	30% after ded	T1-\$25; T2-\$45		T1-\$20; T2-\$40		T1-\$20; T2-\$40	
Inpatient Services								
Inpatient Hospital	T1-\$300/admit; T2-\$600/admit; pre-auth req	30% after ded; pre-auth req	T1-\$300/admit; T2-\$600/admit; pre-auth req		T1-\$300/admit; T2-\$600/admit; pre-auth req		T1-\$300/admit; T2-\$600/admit; pre-auth req	
Mental Health Inpatient	T1-\$300/admit; T2-\$600/admit; pre-auth req	30% after ded; pre-auth req	T1-\$300/admit; T2-\$600/admit; pre-auth req		T1-\$300/admit; T2-\$600/admit; pre-auth req		T1-\$300/admit; T2-\$600/admit; pre-auth req	
Outpatient Services								
Outpatient Facility	Hosp-T1-\$200; T2-\$250; FS-T1-\$100; T2-\$150; pre-auth req	30% after ded; pre-auth req	Hosp-T1-\$200; T2-\$250; FS-T1-\$100; T2-\$150; pre-auth req		Hosp-T1-\$200; T2-\$250; FS-T1-\$100; T2-\$150; pre-auth req		Hosp-T1-\$200; T2-\$250; FS-T1-\$100; T2-\$150; pre-auth req	
Lab/X-Ray	Hosp-T1-\$20/\$50; T2-\$40/\$50	30% after ded	Hosp-T1-\$25/\$50; T2-\$45/\$50		Hosp-T1-\$20/\$50; T2-\$40/\$50		Hosp-T1-\$20/\$50; T2-\$40/\$50	
Mental Health Outpatient	T2-\$20; T2-\$40	30% after ded	T1-\$25; T2-\$45		T1-\$20; T2-\$40		T1-\$20; T2-\$40	
Emergency Care								
Emergency Room	\$150	\$150 ded waived	\$150		\$150		\$150	
Urgent Care	T1-\$10; T2-\$30	30% after ded	T1-\$10; T2-\$30		T1-\$20; T2-\$40		T1-\$10; T2-\$30	
Single	1 x \$682.10		1 x \$618.56		1 x \$615.95		1 x \$614.93	
EE with Spouse	0 x \$1,364.19		0 x \$1,237.12		0 x \$1,231.91		0 x \$1,229.87	
EE with Child(ren)	0 x \$1,159.56		0 x \$1,051.55		0 x \$1,047.12		0 x \$1,045.39	
Family	1 x \$1,943.97		1 x \$1,762.90		1 x \$1,755.47		1 x \$1,752.56	
Monthly Cost	2 \$2,626.07		2 \$2,381.46		2 \$2,371.42		2 \$2,367.49	
Annual Cost	\$31,512.84		\$28,577.52		\$28,457.04		\$28,409.88	

	Crystal Run Gold PPO UCR w/Family Planning Dep Age 26 (PPOc) (UCR=80fh%)		Crystal Run Gold PPO 1 w/Family Planning Dep Age 26 (PPOc) (UCR=140mc%)		Crystal Run Platinum HMO w/Family Planning Dep Age 26 (HMOc) (UCR=N/A)		Crystal Run Gold PPO 2 w/Family Planning Dep Age 26 (PPOc) (UCR=140mc%)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75 IntDed		15/35/75/100 ded T2-3		10/30/60		15/35/75 IntDed	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000	\$1,000/\$2,000	\$2,000/\$4,000	N/A		\$1,500/\$3,000	\$3,000/\$6,000
Individual/Family OOP Limit	\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)	\$4,000/\$8,000 (incl ded)	\$5,000/\$10,000 (incl ded)	\$2,000/\$4,000		\$2,000/\$4,000 (incl ded)	\$7,500/\$15,000 (incl ded)
Co-Insurance	T1-10%; T2-20%	20%	T1-15%; T2-25%	40%	0%		T1-10%; T2-20%	40%
Office Visits								
Primary Care	T1-10% after ded; T2-20% after ded	20% after ded	T1-\$15 ded waived; T2-\$35 ded waived	40% after ded	\$15		T1-10% after ded; T2-20% after ded	40% after ded
Specialist	T1-10% after ded; T2-20% after ded	20% after ded	T1-\$30 ded waived; T2-\$50 ded waived	40% after ded	\$35		T1-10% after ded; T2-20% after ded	40% after ded
Inpatient Services								
Inpatient Hospital	T1-10% after ded; T2-20% after ded; pre-auth req	20% after ded; pre-auth req	T1-15% after ded; T2-25% after ded; pre-auth req	40% after ded; pre-auth req	\$500/admit; pre-auth req		T1-10% after ded; T2-20% after ded; pre-auth req	40% after ded; pre-auth req
Mental Health Inpatient	T1-10% after ded; T2-20% after ded; pre-auth req	20% after ded; pre-auth req	T1-15% after ded; T2-25% after ded; pre-auth req	40% after ded; pre-auth req	\$500/admit; pre-auth req		T1-10% after ded; T2-20% after ded; pre-auth req	40% after ded; pre-auth req
Outpatient Services								
Outpatient Facility	T1-10% after ded; T2-20% after ded; pre-auth req	20% after ded; pre-auth req	Hosp-T1-\$200 ded waived; T2-\$250 ded waived; FS-T1-\$100 ded waived; T2-\$150 ded waived; pre-auth req	40% after ded; pre-auth req	\$100; pre-auth req		T1-10% after ded; T2-20% after ded; pre-auth req	40% after ded; pre-auth req
Lab/X-Ray	T1-10% after ded; T2-20% after ded	20% after ded	Hosp-Lab-T1-\$30 ded waived; T2-\$50 ded waived; X-ray-T1-15% after ded; T2-25% after ded	40% after ded	\$35		T1-10% after ded; T2-20% after ded	40% after ded
Mental Health Outpatient	T1-10% after ded; T2-20% after ded	20% after ded	T1-\$30 ded waived; T2-\$50 ded waived	40% after ded	\$15		T1-10% after ded; T2-20% after ded	40% after ded
Emergency Care								
Emergency Room	20% after ded	20% after ded	\$200 ded waived	\$200 ded waived	\$100		20% after ded	20% after ded
Urgent Care	T1-10% after ded; T2-20% after ded	20% after ded	T1-\$15 ded waived; T2-\$35 ded waived	40% after ded	\$55		T1-10% after ded; T2-20% after ded	40% after ded
Single	1 x \$608.12		1 x \$585.90		1 x \$584.53		1 x \$569.01	
EE with Spouse	0 x \$1,216.25		0 x \$1,171.80		0 x \$1,169.06		0 x \$1,138.02	
EE with Child(ren)	0 x \$1,033.81		0 x \$996.03		0 x \$993.70		0 x \$967.32	
Family	1 x \$1,733.15		1 x \$1,669.82		1 x \$1,665.91		1 x \$1,621.68	
Monthly Cost	2 \$2,341.27		2 \$2,255.72		2 \$2,250.44		2 \$2,190.69	
Annual Cost	\$28,095.24		\$27,068.64		\$27,005.28		\$26,288.28	

	Crystal Run Gold EPO 4 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Gold EPO 1 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Gold EPO 3 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Gold EPO 2 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/80		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$250/\$500		\$800/\$1,600		\$750/\$1,500		\$1,250/\$2,500	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)		\$4,000/\$8,000 (incl ded)	
Co-Insurance	N/A		T1-10%; T2-20%		N/A		T1-10%; T2-20%	
Office Visits								
Primary Care	T1-\$20 after ded; T2-\$40 after ded		T1-\$10 ded waived; T2-\$30 ded waived		T1-\$40 ded waived; T2-\$60 ded waived		T1-\$10 ded waived; T2-\$30 ded waived	
Specialist	T1-\$40 after ded; T2-\$75 after ded		T1-\$20 ded waived; T2-\$50 ded waived		T1-\$40 ded waived; T2-\$70 ded waived		T1-\$30 ded waived; T2-\$60 ded waived	
Inpatient Services								
Inpatient Hospital	T1-\$750/admit after ded; T2-\$1,250/admit after ded; pre-auth req		T1-10% after ded; T2-20% after ded; pre-auth req		T1-\$200/day after ded; T2-\$350/day after ded; 10 day max; pre-auth req		T1-10% after ded; T2-20% after ded; pre-auth req	
Mental Health Inpatient	T1-\$750/admit after ded; T2-\$1,250/admit after ded; pre-auth req		T1-10% after ded; T2-20% after ded; pre-auth req		T1-\$200/day after ded; T2-\$350/day after ded; 10 day max; pre-auth req		T1-10% after ded; T2-20% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req		Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req		Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req		Hosp-T1-\$200 ded waived; T2-\$250 ded waived; FS-T1-\$100 ded waived; T2-\$150 ded waived; pre-auth req	
Lab/X-Ray	Hosp-T1-\$40 after ded; T2-\$75 after ded		Hosp-T1-\$20/\$75 ded waived; T2-\$50/\$75 ded waived		Hosp-T1-\$40/\$75 ded waived; T2-\$70/\$75 ded waived		Hosp-T1-\$30/\$75 ded waived; T2-\$60/\$75 ded waived	
Mental Health Outpatient	T1-\$40 after ded; T2-\$75 after ded		T1-\$20 ded waived; T2-\$50 ded waived		T1-\$40 ded waived; T2-\$70 ded waived		T1-\$30 ded waived; T2-\$60 ded waived	
Emergency Care								
Emergency Room	\$100 after ded		\$200 ded waived		\$200 ded waived		\$200 ded waived	
Urgent Care	T1-\$20 after ded; T2-\$40 after ded		T1-\$10 ded waived; T2-\$30 ded waived		T1-\$40 ded waived; T2-\$60 ded waived		T1-\$10 ded waived; T2-\$30 ded waived	
Single	1 x \$539.25		1 x \$526.09		1 x \$523.63		1 x \$517.68	
EE with Spouse	0 x \$1,078.50		0 x \$1,052.17		0 x \$1,047.26		0 x \$1,035.36	
EE with Child(ren)	0 x \$916.72		0 x \$894.35		0 x \$890.17		0 x \$880.05	
Family	1 x \$1,536.86		1 x \$1,499.35		1 x \$1,492.35		1 x \$1,475.39	
Monthly Cost	2 \$2,076.11		2 \$2,025.44		2 \$2,015.98		2 \$1,993.07	
Annual Cost	\$24,913.32		\$24,305.28		\$24,191.76		\$23,916.84	

	Crystal Run Gold HMO w/Family Planning Dep Age 26 (HMOc) (UCR=N/A)		Crystal Run Silver EPO 5 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Silver EPO 3 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Silver EPO 4 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70		10/50/80 IntDed		15/35/75/100 ded T2-3		10/50/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$600/\$1,200		\$1,500/\$3,000		\$2,000/\$4,000		\$1,500/\$3,000	
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700 (incl ded)		\$6,350/\$12,700 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	0%		T1-0%; T2-10%		T1-25%; T2-35%		T1-15%; T2-30%	
Office Visits								
Primary Care	\$25 after ded		T1-\$15 after ded; T2-\$35 after ded		T1-\$30 ded waived; T2-\$50 ded waived		T1-\$25 ded waived; T2-\$45 ded waived	
Specialist	\$40 after ded		T1-\$40 after ded; T2-\$70 after ded		T1-\$50 ded waived; T2-\$80 ded waived		T1-\$50 ded waived; T2-\$80 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,000/admit after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req		T1-25% after ded; T2-35% after ded; pre-auth req		T1-15% after ded; T2-30% after ded; pre-auth req	
Mental Health Inpatient	\$1,000/admit after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req		T1-25% after ded; T2-35% after ded; pre-auth req		T1-15% after ded; T2-30% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	\$100 after ded; pre-auth req		Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req		Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req		Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req	
Lab/X-Ray	\$40 after ded		Hosp-T1-\$40/\$50 after ded; T2-\$70/\$100 after ded		Hosp-T1-\$50 no ded/\$50 after ded; T2-\$80 no ded/\$100 after ded		Hosp-T1-\$50 no ded/\$50 after ded; T2-\$80 no ded/\$100 after ded	
Mental Health Outpatient	\$25 after ded		T1-\$40 after ded; T2-\$70 after ded		T1-\$50 ded waived; T2-\$80 ded waived		T1-\$50 ded waived; T2-\$80 ded waived	
Emergency Care								
Emergency Room	\$150 after ded		\$250 after ded		35% after ded		\$350 ded waived	
Urgent Care	\$60 after ded		T1-\$15 after ded; T2-\$35 after ded		T1-\$30 ded waived; T2-\$50 ded waived		T1-\$25 ded waived; T2-\$45 ded waived	
Single	1 x \$502.81		1 x \$458.80		1 x \$448.98		1 x \$448.64	
EE with Spouse	0 x \$1,005.63		0 x \$917.59		0 x \$897.96		0 x \$897.27	
EE with Child(ren)	0 x \$854.78		0 x \$779.95		0 x \$763.27		0 x \$762.68	
Family	1 x \$1,433.02		1 x \$1,307.57		1 x \$1,279.60		1 x \$1,278.62	
Monthly Cost	2 \$1,935.83		2 \$1,766.37		2 \$1,728.58		2 \$1,727.26	
Annual Cost	\$23,229.96		\$21,196.44		\$20,742.96		\$20,727.12	

	Crystal Run Silver EPO 1 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Silver EPO 2 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Silver HMO w/Family Planning Dep Age 26 (HMOc) (UCR=N/A)		Crystal Run Bronze EPO 1 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75 IntDed T2-3		15/35/75 IntDed T2-3		10/35/70		15/50/80 IntDed	
Cost Share Information								
Individual/Family Deductible	\$2,000/\$4,000		\$2,000/\$4,000		\$2,000/\$4,000		\$3,000/\$6,000	
Individual/Family OOP Limit	\$5,500/\$11,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	T1-15%; T2-30%		T1-15%; T2-30%		0%		T1-40%;T2-50%	
Office Visits								
Primary Care	T1-\$10 after ded; T2-\$30 after ded		T1-15% after ded; T2-30% after ded		\$30 after ded		T1-\$20 after ded; T2-\$45 after ded	
Specialist	T1-\$30 after ded; T2-\$60 after ded		T1-15% after ded; T2-30% after ded		\$50 after ded		T1-\$50 after ded; T2-\$80 after ded	
Inpatient Services								
Inpatient Hospital	T1-15% after ded; T2-30% after ded; pre-auth req		T1-15% after ded; T2-30% after ded; pre-auth req		\$1,500/admit after ded; pre-auth req		T1-40% after ded; T2-50% after ded; pre-auth req	
Mental Health Inpatient	T1-15% after ded; T2-30% after ded; pre-auth req		T1-15% after ded; T2-30% after ded; pre-auth req		\$1,500/admit after ded; pre-auth req		T1-40% after ded; T2-50% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req		Hosp-T1-\$200 after ded; T2-\$250 after ded; FS-T1-\$100 after ded; T2-\$150 after ded; pre-auth req		\$100 after ded; pre-auth req		T1-40% after ded; T2-50% after ded; pre-auth req	
Lab/X-Ray	Hosp-T1-\$30/\$50 after ded; T2-\$60/\$100 after ded		Lab-T1-15% after ded; T2-30% after ded; X-ray-Hosp-T1-\$50 after ded; T2-\$100 after ded		\$50 after ded		T1-40% after ded;T2-50% after ded	
Mental Health Outpatient	T1-\$30 after ded; T2-\$60 after ded		T1-15% after ded; T2-30% after ded		\$30 after ded		T1-\$50 after ded; T2-\$80 after ded	
Emergency Care								
Emergency Room	\$250 after ded		20% after ded		\$150 after ded		\$350 after ded	
Urgent Care	T1-\$10 after ded; T2-\$30 after ded		T1-15% after ded; T2-30% after ded		\$70 after ded		T1-\$20 after ded; T2-\$45 after ded	
Single	1 x \$438.48		1 x \$435.30		1 x \$431.27		1 x \$372.04	
EE with Spouse	0 x \$876.97		0 x \$870.59		0 x \$862.54		0 x \$744.07	
EE with Child(ren)	0 x \$745.42		0 x \$740.01		0 x \$733.16		0 x \$632.46	
Family	1 x \$1,249.68		1 x \$1,240.60		1 x \$1,229.12		1 x \$1,060.30	
Monthly Cost	2 \$1,688.16		2 \$1,675.90		2 \$1,660.39		2 \$1,432.34	
Annual Cost	\$20,257.92		\$20,110.80		\$19,924.68		\$17,188.08	

	Crystal Run Bronze EPO 2 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Bronze EPO 4 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Bronze EPO 3 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)		Crystal Run Bronze EPO 5 w/Family Planning Dep Age 26 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/50/80 IntDed		15/50/80 IntDed		15/50/80 IntDed T2-3		15/50/80 IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$3,000/\$6,000		\$3,000/\$6,000		\$5,000/\$10,000		\$5,000/\$10,000	
Individual/Family OOP Limit	\$6,350/\$12,700 (incl ded)		\$6,600/\$13,000 (incl ded)		\$6,350/\$12,700 (incl ded)		\$6,350/\$12,700 (incl ded)	
Co-Insurance	T1-40%; T2-50%		T1-45%; T2-50%		T1-0%; T2-10%		T1-0%; T2-10%	
Office Visits								
Primary Care	T1-40% after ded; T2-50% after ded		\$45 ded waived visits 1-3; T1-\$45 after ded visits 4+; T2-50% after ded visits 4+		T1-0% after ded; T2-10% after ded		\$45 ded waived visits 1-3; T1-0% after ded visits 4+; T2-10% after ded visits 4+	
Specialist	T1-40% after ded; T2-50% after ded		T1-45% after ded; T2-50% after ded		T1-0% after ded; T2-10% after ded		T1-0% after ded; T2-10% after ded	
Inpatient Services								
Inpatient Hospital	T1-40% after ded; T2-50% after ded; pre-auth req		T1-45% after ded; T2-50% after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req	
Mental Health Inpatient	T1-40% after ded; T2-50% after ded; pre-auth req		T1-45% after ded; T2-50% after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req	
Outpatient Services								
Outpatient Facility	T1-40% after ded; T2-50% after ded; pre-auth req		T1-45% after ded; T2-50% after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req		T1-0% after ded; T2-10% after ded; pre-auth req	
Lab/X-Ray	T1-40% after ded; T2-50% after ded		T1-45% after ded; T2-50% after ded		T1-0% after ded; T2-10% after ded		T1-0% after ded; T2-10% after ded	
Mental Health Outpatient	T1-40% after ded; T2-50% after ded		T1-45% after ded; T2-50% after ded		T1-0% after ded; T2-10% after ded		T1-0% after ded; T2-10% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		10% after ded		\$350 after ded	
Urgent Care	T1-40% after ded; T2-50% after ded		T1-45% after ded; T2-50% after ded		T1-0% after ded; T2-10% after ded		T1-0% after ded; T2-10% after ded	
Single	1 x \$371.36		1 x \$368.36		1 x \$366.82		1 x \$366.71	
EE with Spouse	0 x \$742.71		0 x \$736.71		0 x \$733.63		0 x \$733.42	
EE with Child(ren)	0 x \$631.31		0 x \$626.21		0 x \$623.59		0 x \$623.41	
Family	1 x \$1,058.37		1 x \$1,049.82		1 x \$1,045.43		1 x \$1,045.12	
Monthly Cost	2 \$1,429.73		2 \$1,418.18		2 \$1,412.25		2 \$1,411.83	
Annual Cost	\$17,156.76		\$17,018.16		\$16,947.00		\$16,941.96	

Prepared For : Crystal Run 2015 4th qtr
 Orange County, NY 10910

Prepared By : Clifford Grekin Inc. - (631)963-6020

Health Plan Comparison Report (4L)
 Prepared On : 10/1/2015 Report Id : 29244216
 Effective Date : 11/01/2015 SIC : 0000

Crystal Run Bronze HMO w/Family Planning Dep Age 26 (HMOc) (UCR=N/A)		
	In-Network	Out-Network
Prescription Drugs		
Drug Card	10/35/70 IntDed	
Cost Share Information		
Individual/Family Deductible	\$3,000/\$6,000	
Individual/Family OOP Limit	\$6,350/\$13,700 (incl ded)	
Co-Insurance	50%	
Office Visits		
Primary Care	50% after ded	
Specialist	50% after ded	
Inpatient Services		
Inpatient Hospital	50% after ded; pre-auth req	
Mental Health Inpatient	50% after ded; pre-auth req	
Outpatient Services		
Outpatient Facility	50% after ded; pre-auth req	
Lab/X-Ray	50% after ded	
Mental Health Outpatient	50% after ded	
Emergency Care		
Emergency Room	50% after ded	
Urgent Care	50% after ded	
Single	1 x	\$351.94
EE with Spouse	0 x	\$703.88
EE with Child(ren)	0 x	\$598.29
Family	1 x	\$1,003.02
Monthly Cost	2	\$1,354.96
Annual Cost		\$16,259.52

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible