

	CareConnect Standard Platinum (EPO) (UCR=N/A)		CareConnect Tradition Platinum 30/30 (EPO) (UCR=N/A)		CareConnect Tradition Platinum 30/30 Access (EPO) (UCR=N/A)		CareConnect Value Platinum (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60		15/35/75/100 ded T2-3		15/35/75		0/50/50%	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		N/A	
Individual/Family OOP Limit	\$2,000/\$4,000		\$1,000/\$2,000		\$1,000/\$2,000		\$3,000/\$6,000	
Co-Insurance	N/A		N/A		N/A		10%	
Office Visits								
Primary Care	\$15		\$30		\$30		\$20	
Specialist	\$35		\$30		\$30		\$30	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit		\$500/admit		10%	
Mental Health Inpatient	\$500/admit		\$500/admit		\$500/admit		10%	
Outpatient Services								
Outpatient Facility	\$100		\$200		\$200		10%	
Lab/X-Ray	\$35		\$30		\$30		Lab-No charge; X-ray-\$40	
Mental Health Outpatient	\$15		\$30		\$30		No charge	
Emergency Care								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted)		\$200 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$55		\$30		\$30		\$75	
Single	1 x \$580.00		1 x \$588.00		1 x \$693.00		1 x \$493.00	
EE with Spouse	0 x \$1,160.00		0 x \$1,176.00		0 x \$1,386.00		0 x \$986.00	
EE with Child(ren)	0 x \$986.00		0 x \$1,000.00		0 x \$1,178.00		0 x \$838.00	
Family	1 x \$1,653.00		1 x \$1,676.00		1 x \$1,975.00		1 x \$1,405.00	
Monthly Cost	2 \$2,233.00		2 \$2,264.00		2 \$2,668.00		2 \$1,898.00	
Annual Cost	\$26,796.00		\$27,168.00		\$32,016.00		\$22,776.00	

	CareConnect Value Platinum Access (EPOc) (UCR=N/A)		CareConnect Standard Gold (EPOc) (UCR=N/A)		CareConnect Gold Copay Plan (EPO) (UCR=N/A)		CareConnect Gold Copay Plan Access (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%		10/35/70		15/35/75/100 ded		15/35/75	
Cost Share Information								
Individual/Family Deductible	N/A		\$600/\$1,200		N/A		N/A	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700		\$6,350/\$12,700	
Co-Insurance	10%		N/A		N/A		N/A	
Office Visits								
Primary Care	\$20		\$25 after ded		\$30		\$30	
Specialist	\$30		\$40 after ded		\$50		\$50	
Inpatient Services								
Inpatient Hospital	10%		\$1,000/admit after ded		\$500/day		\$500/day	
Mental Health Inpatient	10%		\$1,000/admit after ded		\$500/day		\$500/day	
Outpatient Services								
Outpatient Facility	10%		\$100 after ded		\$300		\$300	
Lab/X-Ray	Lab-No charge; X-ray-\$40		\$40 after ded		\$30		\$30	
Mental Health Outpatient	No charge		\$25 after ded		\$30		\$30	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$150 (waived if admitted) after ded		\$350 (waived if admitted)		\$350 (waived if admitted)	
Urgent Care	\$75		\$60 after ded		\$50		\$50	
Single	1 x \$582.00		1 x \$501.00		1 x \$493.00		1 x \$582.00	
EE with Spouse	0 x \$1,164.00		0 x \$1,002.00		0 x \$986.00		0 x \$1,164.00	
EE with Child(ren)	0 x \$989.00		0 x \$852.00		0 x \$838.00		0 x \$989.00	
Family	1 x \$1,659.00		1 x \$1,428.00		1 x \$1,405.00		1 x \$1,659.00	
Monthly Cost	2 \$2,241.00		2 \$1,929.00		2 \$1,898.00		2 \$2,241.00	
Annual Cost	\$26,892.00		\$23,148.00		\$22,776.00		\$26,892.00	

	CareConnect Tradition Gold 30/50 (EPOc) (UCR=N/A)		CareConnect Value Gold 20/50 (EPOc) (UCR=N/A)		CareConnect Value Gold 20/50 Access (EPOc) (UCR=N/A)		CareConnect Value Gold 45/45 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		0/50/50% IntDed T3		0/50/50% IntDed T3		0/50/50% IntDed T3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$500/\$1,000		\$500/\$1,000		\$750/\$1,500	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$3,750/\$7,500 (incl ded)		\$3,750/\$7,500 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	10%		20%		20%		10%	
Office Visits								
Primary Care	\$30 ded waived		\$20 ded waived		\$20 ded waived		\$45 ded waived	
Specialist	\$50 ded waived		\$50 ded waived		\$50 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		20% after ded		10% after ded	
Mental Health Inpatient	10% after ded		20% after ded		20% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		20% after ded		20% after ded		\$250 after ded	
Lab/X-Ray	Lab-10% after ded; X-ray-\$30 ded waived		Lab-\$40 ded waived; X-ray-\$60 ded waived		Lab-\$40 ded waived; X-ray-\$60 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$30 ded waived		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived	
Urgent Care	\$50 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$518.00		1 x \$419.00		1 x \$495.00		1 x \$419.00	
EE with Spouse	0 x \$1,036.00		0 x \$838.00		0 x \$990.00		0 x \$838.00	
EE with Child(ren)	0 x \$881.00		0 x \$712.00		0 x \$842.00		0 x \$712.00	
Family	1 x \$1,476.00		1 x \$1,194.00		1 x \$1,411.00		1 x \$1,194.00	
Monthly Cost	2 \$1,994.00		2 \$1,613.00		2 \$1,906.00		2 \$1,613.00	
Annual Cost	\$23,928.00		\$19,356.00		\$22,872.00		\$19,356.00	

	CareConnect Value Gold 45/45 Access (EPOc) (UCR=N/A)		CareConnect Standard Silver (EPOc) (UCR=N/A)		CareConnect Tradition Silver 40/60 (EPOc) (UCR=N/A)		CareConnect Tradition Silver 40/60 Access (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50% IntDed T3		10/35/70		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$750/\$1,500		\$2,000/\$4,000		\$4,000/\$8,000		\$4,000/\$8,000	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		N/A		20%		20%	
Office Visits								
Primary Care	\$45 ded waived		\$30 after ded		\$40 ded waived		\$40 ded waived	
Specialist	\$45 ded waived		\$50 after ded		\$60 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$1,500/admit after ded		20% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$1,500/admit after ded		20% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$100 after ded		\$350 ded waived		\$350 ded waived	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		\$50 after ded		Lab-\$60 ded waived; X-ray-\$40 ded waived		Lab-\$60 ded waived; X-ray-\$40 ded waived	
Mental Health Outpatient	No charge		\$30 after ded		\$40 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$250 (waived if admitted) ded waived		\$150 (waived if admitted) after ded		\$350 (waived if admitted) ded waived		\$350 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$70 after ded		\$60 ded waived		\$60 ded waived	
Single	1 x	\$495.00	1 x	\$438.00	1 x	\$461.00	1 x	\$544.00
EE with Spouse	0 x	\$990.00	0 x	\$876.00	0 x	\$922.00	0 x	\$1,088.00
EE with Child(ren)	0 x	\$842.00	0 x	\$745.00	0 x	\$784.00	0 x	\$925.00
Family	1 x	\$1,411.00	1 x	\$1,248.00	1 x	\$1,314.00	1 x	\$1,550.00
Monthly Cost	2	\$1,906.00	2	\$1,686.00	2	\$1,775.00	2	\$2,094.00
Annual Cost		\$22,872.00		\$20,232.00		\$21,300.00		\$25,128.00

	CareConnect Value Silver (EPOc) (UCR=N/A)		CareConnect Value Silver Access (EPOc) (UCR=N/A)		CareConnect Silver HSA 100% (HSA) (UCR=N/A)		CareConnect Silver HSA 100% Access (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50% IntDed T3		0/50/50% IntDed T3		0% IntDed G/P/NP		0% IntDed G/P/NP	
Cost Share Information								
Individual/Family Deductible	\$2,250/\$4,500		\$2,250/\$4,500		\$3,400/\$6,800		\$3,400/\$6,800	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,850/\$13,700 (incl ded)		\$3,400/\$6,800 (incl ded)		\$3,400/\$6,800 (incl ded)	
Co-Insurance	20%		20%		0%		0%	
Office Visits								
Primary Care	\$35 ded waived		\$35 ded waived		0% after ded		0% after ded	
Specialist	\$65 ded waived		\$65 ded waived		0% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		0% after ded		0% after ded	
Mental Health Inpatient	20% after ded		20% after ded		0% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	20% after ded		20% after ded		0% after ded		0% after ded	
Lab/X-Ray	\$75 ded waived		\$75 ded waived		0% after ded		0% after ded	
Mental Health Outpatient	No charge		No charge		0% after ded		0% after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted) after ded		\$250 (waived if admitted) ded waived		0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		0% after ded		0% after ded	
Single	1 x \$394.00		1 x \$465.00		1 x \$430.00		1 x \$507.00	
EE with Spouse	0 x \$788.00		0 x \$930.00		0 x \$860.00		0 x \$1,014.00	
EE with Child(ren)	0 x \$670.00		0 x \$791.00		0 x \$731.00		0 x \$862.00	
Family	1 x \$1,123.00		1 x \$1,325.00		1 x \$1,226.00		1 x \$1,445.00	
Monthly Cost	2 \$1,517.00		2 \$1,790.00		2 \$1,656.00		2 \$1,952.00	
Annual Cost	\$18,204.00		\$21,480.00		\$19,872.00		\$23,424.00	

	CareConnect Standard Bronze (EPOc) (UCR=N/A)		CareConnect Bronze HSA 100% (HSA) (UCR=N/A)		CareConnect Bronze HSA 70% Access (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/35/70 IntDed		0% IntDed G/P/NP		15/35/75 IntDed	
Cost Share Information						
Individual/Family Deductible	\$3,500/\$7,000		\$6,000/\$12,000		\$4,450/\$8,900	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,450/\$12,900 (incl ded)	
Co-Insurance	50%		0%		30%	
Office Visits						
Primary Care	50% after ded		0% after ded		30% after ded	
Specialist	50% after ded		0% after ded		30% after ded	
Inpatient Services						
Inpatient Hospital	50% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		0% after ded		30% after ded	
Outpatient Services						
Outpatient Facility	50% after ded		0% after ded		30% after ded	
Lab/X-Ray	50% after ded		0% after ded		30% after ded	
Mental Health Outpatient	50% after ded		0% after ded		30% after ded	
Emergency Care						
Emergency Room	50% after ded		0% after ded		30% after ded	
Urgent Care	50% after ded		0% after ded		30% after ded	
Single	1 x \$375.00		1 x \$360.00		1 x \$440.00	
EE with Spouse	0 x \$750.00		0 x \$720.00		0 x \$880.00	
EE with Child(ren)	0 x \$638.00		0 x \$612.00		0 x \$748.00	
Family	1 x \$1,069.00		1 x \$1,026.00		1 x \$1,254.00	
Monthly Cost	2 \$1,444.00		2 \$1,386.00		2 \$1,694.00	
Annual Cost	\$17,328.00		\$16,632.00		\$20,328.00	