

	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
<b>Prescription Drugs</b>								
Drug Card	10/30/60		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3		0/50/50%	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$15		\$30		\$30		\$20	
Specialist	\$35		\$30		\$30		\$30	
<b>Inpatient Services</b>								
Inpatient Hospital	\$500/admit		\$500/admit		\$500/admit		10%	
Mental Health Inpatient	\$500/admit		\$500/admit		\$500/admit		10%	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$585.00		1 x \$593.00		1 x \$699.00		1 x \$497.00	
EE with Spouse	0 x \$1,170.00		0 x \$1,186.00		0 x \$1,398.00		0 x \$995.00	
EE with Child(ren)	0 x \$995.00		0 x \$1,008.00		0 x \$1,188.00		0 x \$845.00	
Family	1 x \$1,667.00		1 x \$1,690.00		1 x \$1,992.00		1 x \$1,417.00	
Monthly Cost	2 \$2,252.00		2 \$2,283.00		2 \$2,691.00		2 \$1,914.00	
Annual Cost	\$27,024.00		\$27,396.00		\$32,292.00		\$22,968.00	

	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
<b>Prescription Drugs</b>								
Drug Card	0/50/50%		10/35/70		15/35/75/100 ded		15/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
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	
<b>Office Visits</b>								
Primary Care	\$20		\$25 after ded		\$30		\$30	
Specialist	\$30		\$40 after ded		\$50		\$50	
<b>Inpatient Services</b>								
Inpatient Hospital	10%		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		\$500/day; \$1,500 max/admit	
Mental Health Inpatient	10%		\$1,000/admit after ded		\$500/day; \$1,500 max/admit		\$500/day; \$1,500 max/admit	
<b>Outpatient Services</b>								
Outpatient Facility	10%		\$100 after ded		\$300		\$300	
Lab/X-Ray	Lab-No charge; X-ray-\$40		\$40 after ded		\$50		\$50	
Mental Health Outpatient	No charge		\$25 after ded		\$30		\$30	
<b>Emergency Care</b>								
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 \$587.00		1 x \$505.00		1 x \$497.00		1 x \$587.00	
EE with Spouse	0 x \$1,174.00		0 x \$1,011.00		0 x \$995.00		0 x \$1,174.00	
EE with Child(ren)	0 x \$998.00		0 x \$859.00		0 x \$845.00		0 x \$998.00	
Family	1 x \$1,673.00		1 x \$1,440.00		1 x \$1,417.00		1 x \$1,673.00	
Monthly Cost	2 \$2,260.00		2 \$1,945.00		2 \$1,914.00		2 \$2,260.00	
Annual Cost	\$27,120.00		\$23,340.00		\$22,968.00		\$27,120.00	

	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
<b>Prescription Drugs</b>								
Drug Card	15/35/75/100 ded T2-3		0/50/50% IntDed T3		0/50/50% IntDed T3		0/50/50% IntDed T3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		20% after ded		\$250/day ded waived; \$2,500 max/admit	
Mental Health Inpatient	10% after ded		20% after ded		20% after ded		10% after ded	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$522.00		1 x \$423.00		1 x \$499.00		1 x \$423.00	
EE with Spouse	0 x \$1,045.00		0 x \$845.00		0 x \$999.00		0 x \$845.00	
EE with Child(ren)	0 x \$888.00		0 x \$718.00		0 x \$849.00		0 x \$718.00	
Family	1 x \$1,489.00		1 x \$1,204.00		1 x \$1,423.00		1 x \$1,204.00	
Monthly Cost	2 \$2,011.00		2 \$1,627.00		2 \$1,922.00		2 \$1,627.00	
Annual Cost	\$24,132.00		\$19,524.00		\$23,064.00		\$19,524.00	

	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
<b>Prescription Drugs</b>								
Drug Card	0/50/50% IntDed T3		10/35/70		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
Inpatient Hospital	\$250/day ded waived; \$2,500 max/admit		\$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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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	\$499.00	1 x	\$442.00	1 x	\$465.00	1 x	\$549.00
EE with Spouse	0 x	\$999.00	0 x	\$884.00	0 x	\$930.00	0 x	\$1,097.00
EE with Child(ren)	0 x	\$849.00	0 x	\$751.00	0 x	\$790.00	0 x	\$933.00
Family	1 x	\$1,423.00	1 x	\$1,259.00	1 x	\$1,325.00	1 x	\$1,564.00
Monthly Cost	2	\$1,922.00	2	\$1,701.00	2	\$1,790.00	2	\$2,113.00
Annual Cost		\$23,064.00		\$20,412.00		\$21,480.00		\$25,356.00

	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
<b>Prescription Drugs</b>								
Drug Card	0/50/50% IntDed T3		0/50/50% IntDed T3		0%/0%/0% IntDed		0%/0%/0% IntDed	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
Emergency Room	\$250 (waived if admitted) after ded		\$250 (waived if admitted) after ded		0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		0% after ded		0% after ded	
Single	1 x \$397.00		1 x \$469.00		1 x \$434.00		1 x \$511.00	
EE with Spouse	0 x \$795.00		0 x \$938.00		0 x \$867.00		0 x \$1,023.00	
EE with Child(ren)	0 x \$676.00		0 x \$797.00		0 x \$737.00		0 x \$869.00	
Family	1 x \$1,133.00		1 x \$1,337.00		1 x \$1,236.00		1 x \$1,457.00	
Monthly Cost	2 \$1,530.00		2 \$1,806.00		2 \$1,670.00		2 \$1,968.00	
Annual Cost	\$18,360.00		\$21,672.00		\$20,040.00		\$23,616.00	

	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
<b>Prescription Drugs</b>						
Drug Card	10/35/70 IntDed		0%/0%/0% IntDed		15/35/75 IntDed	
<b>Cost Share Information</b>						
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%	
<b>Office Visits</b>						
Primary Care	50% after ded		0% after ded		30% after ded	
Specialist	50% after ded		0% after ded		30% after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	50% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		0% after ded		30% after ded	
<b>Outpatient Services</b>						
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	
<b>Emergency Care</b>						
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 \$378.00		1 x \$363.00		1 x \$444.00	
EE with Spouse	0 x \$756.00		0 x \$726.00		0 x \$888.00	
EE with Child(ren)	0 x \$643.00		0 x \$617.00		0 x \$754.00	
Family	1 x \$1,078.00		1 x \$1,035.00		1 x \$1,265.00	
Monthly Cost	2 \$1,456.00		2 \$1,398.00		2 \$1,709.00	
Annual Cost	\$17,472.00		\$16,776.00		\$20,508.00	