

	CareConnect Standard Platinum		CareConnect Tradition Platinum 30/30 HRx		CareConnect Tradition Platinum 30/30 Access		CareConnect Value Platinum	
	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		15/35/75/100 ded T2-3		0/50/50%to\$500	
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 \$595.00		1 x \$603.00		1 x \$711.00		1 x \$506.00	
EE with Spouse	0 x \$1,190.00		0 x \$1,207.00		0 x \$1,422.00		0 x \$1,012.00	
EE with Child(ren)	0 x \$1,012.00		0 x \$1,026.00		0 x \$1,209.00		0 x \$860.00	
Family	1 x \$1,696.00		1 x \$1,720.00		1 x \$2,027.00		1 x \$1,442.00	
Monthly Cost	2 \$2,291.00		2 \$2,323.00		2 \$2,738.00		2 \$1,948.00	
Annual Cost	\$27,492.00		\$27,876.00		\$32,856.00		\$23,376.00	

	CareConnect Value Platinum Access		CareConnect Standard Gold		CareConnect Gold Copay Plan		CareConnect Gold Copay Plan Access	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%to\$500		10/35/70		15/35/75/100 ded		15/35/75/100 ded	
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; \$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	
Outpatient Services								
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	
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 \$597.00		1 x \$514.00		1 x \$506.00		1 x \$597.00	
EE with Spouse	0 x \$1,194.00		0 x \$1,028.00		0 x \$1,012.00		0 x \$1,194.00	
EE with Child(ren)	0 x \$1,015.00		0 x \$874.00		0 x \$860.00		0 x \$1,015.00	
Family	1 x \$1,702.00		1 x \$1,465.00		1 x \$1,442.00		1 x \$1,702.00	
Monthly Cost	2 \$2,299.00		2 \$1,979.00		2 \$1,948.00		2 \$2,299.00	
Annual Cost	\$27,588.00		\$23,748.00		\$23,376.00		\$27,588.00	

	CareConnect Tradition Gold 30/50 HRx		CareConnect Value Gold 20/50		CareConnect Value Gold 20/50 Access		CareConnect Value Gold 45/45	
	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%to\$500 IntDed T3		0/50/50%to\$500 IntDed T3		0/50/50%to\$500 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		\$250/day ded waived; \$2,500 max/admit	
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 \$532.00		1 x \$430.00		1 x \$508.00		1 x \$430.00	
EE with Spouse	0 x \$1,063.00		0 x \$860.00		0 x \$1,016.00		0 x \$860.00	
EE with Child(ren)	0 x \$904.00		0 x \$731.00		0 x \$863.00		0 x \$731.00	
Family	1 x \$1,515.00		1 x \$1,225.00		1 x \$1,448.00		1 x \$1,225.00	
Monthly Cost	2 \$2,047.00		2 \$1,655.00		2 \$1,956.00		2 \$1,655.00	
Annual Cost	\$24,564.00		\$19,860.00		\$23,472.00		\$19,860.00	

	CareConnect Value Gold 45/45 Access		CareConnect Standard Silver		CareConnect Tradition Silver 40/60 HRx		CareConnect Tradition Silver 40/60 Access	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%to\$500 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	\$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	
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 \$508.00		1 x \$449.00		1 x \$473.00		1 x \$558.00	
EE with Spouse	0 x \$1,016.00		0 x \$899.00		0 x \$946.00		0 x \$1,116.00	
EE with Child(ren)	0 x \$863.00		0 x \$764.00		0 x \$804.00		0 x \$949.00	
Family	1 x \$1,448.00		1 x \$1,281.00		1 x \$1,348.00		1 x \$1,591.00	
Monthly Cost	2 \$1,956.00		2 \$1,730.00		2 \$1,821.00		2 \$2,149.00	
Annual Cost	\$23,472.00		\$20,760.00		\$21,852.00		\$25,788.00	

	CareConnect Value Silver		CareConnect Value Silver Access		CareConnect Silver HSA 100%		CareConnect Silver HSA 100% Access	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%to\$500 IntDed T3		0/50/50%to\$500 IntDed T3		0%/0%/0% IntDed		0%/0%/0% IntDed	
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) 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 \$404.00		1 x \$477.00		1 x \$441.00		1 x \$520.00	
EE with Spouse	0 x \$809.00		0 x \$954.00		0 x \$882.00		0 x \$1,041.00	
EE with Child(ren)	0 x \$687.00		0 x \$811.00		0 x \$750.00		0 x \$884.00	
Family	1 x \$1,152.00		1 x \$1,360.00		1 x \$1,258.00		1 x \$1,483.00	
Monthly Cost	2 \$1,556.00		2 \$1,837.00		2 \$1,699.00		2 \$2,003.00	
Annual Cost	\$18,672.00		\$22,044.00		\$20,388.00		\$24,036.00	

	CareConnect Standard Bronze		CareConnect Bronze HSA 100%		CareConnect Bronze HSA 70% Access	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/35/70 IntDed		0%/0%/0% IntDed		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 \$385.00		1 x \$369.00		1 x \$452.00	
EE with Spouse	0 x \$770.00		0 x \$739.00		0 x \$903.00	
EE with Child(ren)	0 x \$654.00		0 x \$628.00		0 x \$768.00	
Family	1 x \$1,097.00		1 x \$1,053.00		1 x \$1,287.00	
Monthly Cost	2 \$1,482.00		2 \$1,422.00		2 \$1,739.00	
Annual Cost	\$17,784.00		\$17,064.00		\$20,868.00	