



| | Platinum \$0 Option 1 | Platinum \$0 Option 2 | Gold \$0 | Gold \$1,000 | Gold \$1,250 | Gold \$2,000 |
|---|-----------------------|-----------------------|---|---|---|---|
| Premium (Q1 Circle) | | | | | | |
| Individual | \$991.44 | \$1,022.58 | \$878.74 | \$837.24 | \$795.74 | \$798.25 |
| Individual + Spouse | \$1,982.88 | \$2,045.15 | \$1,757.48 | \$1,674.48 | \$1,591.48 | \$1,596.50 |
| Individual + Child(ren) | \$1,685.45 | \$1,738.38 | \$1,493.86 | \$1,423.31 | \$1,352.75 | \$1,357.03 |
| Family | \$2,825.60 | \$2,914.34 | \$2,504.40 | \$2,386.13 | \$2,267.85 | \$2,275.01 |
| Premium (Q1 Circle Plus) | | | | | | |
| Individual | \$1,108.52 | \$1,136.69 | \$992.33 | \$946.71 | \$906.53 | \$909.29 |
| Individual + Spouse | \$2,217.04 | \$2,273.39 | \$1,984.66 | \$1,893.43 | \$1,813.05 | \$1,818.59 |
| Individual + Child(ren) | \$1,884.48 | \$1,932.38 | \$1,686.96 | \$1,609.41 | \$1,541.09 | \$1,545.80 |
| Family | \$3,159.28 | \$3,239.58 | \$2,828.14 | \$2,698.14 | \$2,583.60 | \$2,591.49 |
| The Basics | | | | | | |
| Deductible (Individual / Family) | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$1,000 / \$2,000 | \$1,250 / \$2,500 | \$2,000 / \$4,000 |
| Out-of-Pocket Max (Individual / Family) | \$2,400 / \$4,800 | \$2,000 / \$4,000 | \$8,150 / \$16,300 | \$4,000 / \$8,000 | \$5,000 / \$10,000 | \$5,000 / \$10,000 |
| RX Drug Deductible | N/A | N/A | \$100 / \$200 | \$100 / \$200 | \$100 / \$200 | \$150 / \$300 |
| HSA compatible? | No | No | No | No | No | No |
| 24/7 Doctor on Call | Free | Free | Free | Free | Free | Free |
| Up to \$100/year in step tracking rewards | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Free preventive care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dedicated Concierge | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prices for Benefits | | | | | | |
| Primary Care / OBGYN visits | \$10 | \$5 | \$20 | \$25 | \$40 | \$25 |
| Specialist visits | \$25 | \$20 | \$40 | \$50 | \$70 | \$50 |
| Mental health office visits | \$10 | \$5 | \$20 | \$25 | \$40 | \$25 |
| Labs | \$15 | \$20 | \$40 | \$50 | \$70 | \$50 |
| Emergency Room | \$500 | \$250 | \$650 | 10% after ded | 20% after ded | \$250 |
| Urgent Care | \$75 | \$25 | \$75 | \$75 | \$90 | \$75 |
| MRIs & Advanced Imaging | \$100 | \$50 | \$140 | \$200 | \$200 | \$200 |
| Xrays & Diagnostic Imaging | \$50 | \$20 | \$40 | \$100 | \$100 | \$100 |
| Outpatient Facility / Inpatient Facility | \$100 / \$500 | \$100 / \$500 | \$250 / \$500 (5 day max) | \$500 after ded / 10% after ded | \$500 after ded / 20% after ded | \$500 after ded / 20% after ded |
| Prescription drugs (Tier 1 / 2 / 3) | \$10 / \$30 / \$75 | \$3 / \$10 / \$50 | \$10 / \$35 after ded / \$100 after ded | \$15 / \$50 after ded / \$100 after ded | \$10 / \$50 after ded / \$100 after ded | \$10 / \$50 after ded / \$100 after ded |

¹ This is a contracted rate and is subject to change. Once the deductible is met, Doctor on Call services will be covered in full



| | Silver \$0 | Silver \$3,000 Option 1 | Silver \$4,500 | Bronze \$4,500 | Bronze \$8,150 | Silver \$3,000 HSA Option 2 | Bronze \$6,750 HSA |
|---|---------------------------------------|---|--------------------------------------|--|--------------------|-----------------------------|--------------------|
| Premium (Q1 Circle) | | | | | | | |
| Individual | \$773.66 | \$706.57 | \$660.48 | \$577.69 | \$552.39 | \$649.30 | \$589.82 |
| Individual + Spouse | \$1,547.31 | \$1,413.15 | \$1,320.96 | \$1,155.39 | \$1,104.77 | \$1,298.60 | \$1,179.63 |
| Individual + Child(ren) | \$1,315.22 | \$1,201.18 | \$1,122.81 | \$982.08 | \$939.06 | \$1,103.81 | \$1,002.69 |
| Family | \$2,204.92 | \$2,013.74 | \$1,882.36 | \$1,646.43 | \$1,574.30 | \$1,850.50 | \$1,680.98 |
| Premium (Q1 Circle Plus) | | | | | | | |
| Individual | \$883.98 | \$812.40 | \$767.20 | \$669.92 | \$641.73 | \$748.89 | \$682.17 |
| Individual + Spouse | \$1,767.97 | \$1,624.79 | \$1,534.41 | \$1,339.84 | \$1,283.46 | \$1,497.79 | \$1,364.34 |
| Individual + Child(ren) | \$1,502.77 | \$1,381.07 | \$1,304.25 | \$1,138.87 | \$1,090.94 | \$1,273.12 | \$1,159.69 |
| Family | \$2,519.36 | \$2,315.33 | \$2,186.53 | \$1,909.28 | \$1,828.93 | \$2,134.35 | \$1,944.18 |
| The Basics | | | | | | | |
| Deductible (Individual / Family) | \$0 / \$0 | \$3,000 / \$6,000 | \$4,500 / \$9,000 | \$4,500 / \$9,000 | \$8,150 / \$16,300 | \$3,000 / \$6,000 | \$6,750 / \$13,500 |
| Out-of-Pocket Max (Individual / Family) | \$8,150 / \$16,300 | \$8,150 / \$16,300 | \$8,150 / \$16,300 | \$8,150 / \$16,300 | \$8,150 / \$16,300 | \$6,750 / \$13,500 | \$6,750 / \$13,500 |
| RX Drug Deductible | \$100 / \$200 | \$100 / \$200 | N/A | N/A | N/A | N/A | N/A |
| HSA compatible? | No | No | No | No | No | Yes | Yes |
| 24/7 Doctor on Call | Free | Free | Free | Free | Free | \$15 ¹ | \$15 ¹ |
| Up to \$100/year in step tracking rewards | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Free preventive care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dedicated Concierge | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prices for Benefits | | | | | | | |
| Primary Care / OBGYN visits | \$50 | \$40 | \$40 | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Specialist visits | \$80 | \$75 | \$75 | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Mental health office visits | \$50 | \$40 | \$40 | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Labs | \$80 | \$75 | \$75 | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Emergency Room | \$750 | 30% after ded | 50% after ded | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Urgent Care | \$90 | \$85 | \$90 | \$75 | Free after ded | 30% after ded | Free after ded |
| MRIs & Advanced Imaging | \$180 | \$200 | \$200 | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Xrays & Diagnostic Imaging | \$80 | \$100 | \$100 | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Outpatient Facility / Inpatient Facility | \$500 / \$1,500 | \$500 after ded / 30% after ded | \$500 after ded / 50% after ded | 50% after ded | Free after ded | 30% after ded | Free after ded |
| Prescription drugs (Tier 1 / 2 / 3) | \$20 / \$60 after ded / 50% after ded | \$20 / \$50 after ded / \$100 after ded | \$10 / 50% after ded / 50% after ded | \$20 after ded/ \$50 after ded / \$100 after ded | Free after ded | 30% after ded | Free after ded |

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