	Benefit Level	Benefit Level	Benefit Level	Benefit Level
	<u> 1</u>	<u></u>	<u>3</u>	<u>4</u>
2018 and 2019	The member	The member	The member	The member
Benefit Provision	pays:	pays:	pays:	pays:
Deductible for all	\$7150/300	\$250/500	\$550/1,100	\$1,250/2,500
services except drugs				
and preventive care				
(S/F)				
Office visit	1) \$25	1) \$30	1) \$60	1) \$80
copay/urgent care	2) \$30	2) \$35	2) \$65	2) \$85
(copay waived for				
preventive services)				
1) Having taken				
health assessment				
and opted-in for				
health coaching				
2) Not having taken				
health assessment or				
not having opted-in				
for health coaching				
In-Network	\$0	\$0	\$0	\$0
Convenience Clinics				
and Online Care				
(deductible waived)				
Emergency room	\$100	\$100	\$100	N/A – subject
copay				to Deductible
				and 25%
				Coinsurance
				to OOP
				maximum

	<u>Benefit Level</u>	Benefit Level	Benefit Level	Benefit Level
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
2018 and 2019	The member	The member	The member	<u>The member</u>
Benefit Provision	<u>pays:</u>	pays:	<u>pays:</u>	pays:
Facility copays				N/A – subject
Per inpatient	\$100	\$200	\$500	to Deductible
admission	7100	7200	7500	and 25%
(waived for				Coinsurance
admission to				to OOP
Center of				maximum
Excellence)				
,	\$60	\$120	\$250	N/A – subject
Per outpatient				to Deductible
surgery				and 25%
				Coinsurance
				to OOP
				maximum
Coinsurance for	5%	10%	20%	N/A – subject
MRI/CT scan services				to Deductible
				and 25%
				Coinsurance
				to OOP
				maximum
Coinsurance for	5% (95%	5% (95%	20% (80%	25% for all
services NOT subject	coverage after	coverage after	coverage after	services to
to copays	payment of	payment of	payment of	ООР
	deductible)	deductible)	deductible)	maximum
				after
	000//000/	222/ /222/	222/ /222/	deductible
Coinsurance for	20% (80%	20% (80%	20% (80%	25% for all
durable medical	coverage after	coverage after	coverage after	services to
equipment	payment of	payment of	payment of	OOP
	20%	20%	20%	maximum
	coinsurance)	coinsurance)	coinsurance)	after dodustible
Capay for three tier	Tior 1 · ¢14	Tior 1: ¢14	Tior 1: \$14	deductible
Copay for three-tier	Tier 1: \$14 Tier 2: \$25	Tier 1: \$14 Tier 2: \$25	Tier 1: \$14 Tier 2: \$25	Tier 1: \$14
prescription drug				Tier 2: \$25
plan	Tier 3: \$50	Tier 3: \$50	Tier 3: \$50	Tier 3: \$50

	Benefit Level	Benefit Level	Benefit Level	<u>Benefit Level</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
2018 and 2019	<u>The member</u>	The member	<u>The member</u>	<u>The member</u>
Benefit Provision	pays:	pays:	pays:	pays:
Maximum drug out-	\$800/\$1,600	\$800/\$1,600	\$800/\$1,600	\$800/\$1,600
of-pocket limit (S/F)				
Maximum non-drug	\$1,200/\$2,400	\$1,200/\$2,400	\$1,600/\$3,200	\$2,600/\$5,200
out-of-pocket limit				
(S/F)				