

MEDICAL	Care+ Core	Care+ HSA	Care+ Copay
<b>DEDUCTIBLE</b>			
Individual/Family	\$6,000 / \$12,000	\$3,500 / \$7,000	\$3,500 / \$7,000
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	\$7,900 / \$16,000	\$7,100 / \$14,500	\$7,100 / \$14,500
<b>PREVENTIVE CARE</b>			
Annual Checkup	\$0 Out of Pocket	\$0 Out of Pocket	\$0 Out of Pocket
Health Screenings	\$0 Out of Pocket	\$0 Out of Pocket	\$0 Out of Pocket
<b>ROUTINE CARE</b>			
Primary Care	40% Coinsurance	30% Coinsurance	\$50 Copay
Specialist Care	40% Coinsurance	30% Coinsurance	\$100 Copay
Lab Work	40% Coinsurance	30% Coinsurance	\$20 Copay <i>15 labs /plan year</i>
X-Rays	40% Coinsurance	30% Coinsurance	\$50 Copay <i>5 x-rays /plan year</i>
<b>HOSPITAL</b>			
Inpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance
Outpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance
<b>MATERNITY</b>			
Office Visit	40% Coinsurance	30% Coinsurance	\$50 Copay
Labor & Delivery	40% Coinsurance	30% Coinsurance	30% Coinsurance
<b>SPECIAL HEALTH NEEDS</b>			
Home Health Care	40% Coinsurance <i>60 visits /plan year</i>	30% Coinsurance <i>60 visits /plan year</i>	30% Coinsurance <i>60 visits /plan year</i>
Rehabilitation/Habilitation	40% Coinsurance <i>120 visits /plan year</i>	30% Coinsurance <i>120 visits /plan year</i>	30% Coinsurance <i>120 visits /plan year</i>
Hospice	40% Coinsurance	30% Coinsurance	30% Coinsurance
<b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES</b>			
Inpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance
Outpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance
<b>IMMEDIATE CARE</b>			
Telemedicine	\$0 Copay	\$0 Copay	\$0 Copay
Urgent Care	40% Coinsurance	30% Coinsurance	\$100 Copay
Emergency Care	40% Coinsurance	30% Coinsurance	\$500 Copay

DETAILS	Care+ Core	Care+ HSA	Care+ Copay
<b>DEDUCTIBLE</b>			
Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
<b>OUT-OF-POCKET MAX</b>			
Individual / Family	\$1,200 / \$2,100	\$1,200 / \$2,100	\$1,200 / \$2,100
<b>DRUG TIERS</b>			
Tier 1: <i>Generic</i>	40% Coinsurance <i>Deductible waived</i>	30% Coinsurance <i>After deductible</i>	\$10 Copay <i>Deductible waived</i>
Tier 2 <i>Non-preferred brand</i>	40% Coinsurance <i>After deductible</i>	30% Coinsurance <i>After deductible</i>	\$50 Copay <i>Deductible waived</i>
Tier 3 <i>Preferred brand</i>	40% Coinsurance <i>After deductible</i>	30% Coinsurance <i>After deductible</i>	\$100 Copay <i>Deductible waived</i>
Tier 4 <i>Specialty</i>	40% Coinsurance <i>After deductible</i> \$500 limit per Rx	30% Coinsurance <i>After deductible</i> \$500 limit per Rx	30% Coinsurance <i>After deductible</i> \$500 limit per Rx
<b>CARE+ FEATURES</b>			
HSA		✓	
Copays			✓
Concierge Service	✓	✓	✓
Minimum Value	✓	✓	✓
ACA-Compliant Minimum Value	✓	✓	✓

Contact us for more information on qualifications.

The Care+ health plan suite is your solution for ACA compliance and employee satisfaction. Every Care+ plan is equipped with unlimited telemedicine, 100% covered preventive care, concierge services, and coverage for the ten essential health benefits as outlined by the ACA.

**CARE+ QUALIFICATIONS**

GROUPS UNDER 50

Plan Options: **Care+**

Minimum Participation: **5 or 75%** (whichever is higher)

GROUPS OVER 50

Plan Options: **Care+ & MEC**

Minimum Participation: **95%**



\*All plan details are not represented in this chart. For more information, please see the plan Summary of Benefits and Coverage.