

MEDICAL	Core	HSA	Copay 1500	Copay 2500	Copay 3500
DEDUCTIBLE					
Individual/Family	\$6,000 / \$12,000	\$3,500 / \$7,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
OUT-OF-POCKET MAX					
Individual/Family	\$7,900 / \$16,000	\$7,100 / \$14,500	\$3,100 / \$6,500	\$5,100 / \$10,500	\$7,100 / \$14,500
PREVENTIVE CARE					
Annual Checkup	\$0 Out of Pocket	\$0 Out of Pocket	\$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	\$0 Out of Pocket	\$0 Out of Pocket
ROUTINE CARE					
Primary Care	40% Coinsurance	30% Coinsurance	\$50 Copay	\$50 Copay	\$50 Copay
Specialist Care	40% Coinsurance	30% Coinsurance	\$100 Copay	\$100 Copay	\$100 Copay
Lab Work	40% Coinsurance	30% Coinsurance	\$20 Copay <i>15 labs /plan year</i>	\$20 Copay <i>15 labs /plan year</i>	\$20 Copay <i>15 labs /plan year</i>
X-rays	40% Coinsurance	30% Coinsurance	\$50 Copay <i>5 X-rays /plan year</i>	\$50 Copay <i>5 X-rays /plan year</i>	\$50 Copay <i>5 X-rays /plan year</i>
HOSPITAL					
Inpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
Outpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
MATERNITY					
Office Visit	40% Coinsurance	30% Coinsurance	\$50 Copay	\$50 Copay	\$50 Copay
Labor & Delivery	40% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
SPECIAL HEALTH NEEDS					
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>	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>	30% Coinsurance <i>120 visits /plan year</i>	30% Coinsurance <i>120 visits /plan year</i>
Hospice	40% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES					
Inpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
Outpatient Care	40% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance
IMMEDIATE CARE					
Urgent Care	40% Coinsurance	30% Coinsurance	\$100 Copay	\$100 Copay	\$100 Copay
Emergency Care	40% Coinsurance	30% Coinsurance	\$500 Copay	\$500 Copay	\$500 Copay
Emergency Transport	40% Coinsurance	30% Coinsurance	\$500 Copay	\$500 Copay	\$500 Copay

PRESCRIPTIONS	Core	HSA	Copay 1500	Copay 2500	Copay 3500
DEDUCTIBLE					
Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
OUT-OF-POCKET MAX					
Individual / Family	\$1,200 / \$2,100	\$1,200 / \$2,100	\$1,200 / \$2,100	\$1,200 / \$2,100	\$1,200 / \$2,100
DRUG TIERS					
Tier 1: <i>Generic</i>	40% Coinsurance <i>Deductible waived</i>	30% Coinsurance <i>After deductible</i>	\$10 Copay <i>Deductible waived</i>	\$10 Copay <i>Deductible waived</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>	\$50 Copay <i>Deductible waived</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>	\$100 Copay <i>Deductible waived</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	30% Coinsurance <i>After deductible</i> \$500 limit per Rx	30% Coinsurance <i>After deductible</i> \$500 limit per Rx
CARE+ FEATURES					
HSA		✓			
Copays			✓	✓	✓
ACA-Compliant Minimum Value	✓	✓	✓	✓	✓

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

The Care+ health plan suite is your solution for ACA compliance and employee satisfaction. Every Care+ plan is equipped with 100% covered preventive care 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)

Contact us for more information on qualifications.

GROUPS OVER 50

Plan Options: **Care+ & MEC**

Minimum Participation: **95%**

