

Product Information 2024: \$5,000 PPO

	INN	OON
DEDUCTIBLE INDIVIDUAL	\$5,000	\$10,000
DEDUCTIBLE FAMILY (EMBEDDED)	\$10,000	\$20,000
COINSURANCE	80/20	60/40
ANNUAL MAX OUT-OF-POCKET LIMIT INDIVIDUAL	\$7,350	\$20,000
ANNUAL MAX OUT-OF-POCKET LIMIT FAMILY (EMBEDDED)	\$14,700	\$40,000
PRIMARY CARE VISIT (FAMILY PRACTICE, MENTAL HEALTH, OBYGN)	\$25	Deductible & Coinsurance
SPECIALIST PHYSICIAN OFFICE VISIT	\$40	Deductible & Coinsurance
PREVENTIVE CARE VISIT	\$0	Deductible & Coinsurance
CONVENIENT CARE/RETAIL CLINICS (QUICK CARE)	Deductible & Coinsurance	-
URGENT CARE FACILITY SERVICES	\$60/visit	Deductible & Coinsurance

Emergency Room Services

(services received in a hospital emergency room setting)

FACILITY	20% Coinsurance/ Waive Deductible	In-Network level of benefits
PROFESSIONAL SERVICES	Deductible & Coinsurance	In-Network level of benefits

Pharmacy Benefits

GENERIC	\$10 Copay	Not Covered
PREFERRED BRAND	\$45 Copay	Not Covered
NON-PREFERRED BRAND	\$85 Copay	Not Covered
SPECIALTY	Not Covered	Not Covered



Monthly Premium

AGES 18-29

- Employee \$652.10
- Employee+Spouse \$1,164.19
- Employee+Child(ren) \$1,063.77
- Family \$1,681.29

AGES 30-44

- Employee \$672.19
- Employee+Spouse \$1,204.36
- Employee+Child(ren) \$1,099.93
- Family \$1,741.55

AGES 45-54

- Employee \$697.24
- Employee+Spouse \$1,254.47
- Employee+Child(ren) \$1,145.02
- Family \$1,816.71

AGES 55-64

- Employee \$748.69
- Employee+Spouse \$1,357.37
- Employee+Child(ren) \$1,237.64
- Family \$1,971.07