

Plan Name	Consumer Core HDHP	Network Core Plan	Choice PPO	
Network	Open Access Elect Choice	Open Access Elect Choice	Open Access Managed Choice	
	In Network	In Network	In Network	Out of Network
Deductible	\$1,600/\$3,200 (Cumulative)	\$250 / \$500	\$850/\$1,700	\$2,500/\$5,000
Coinsurance				60%
Out of Pocket Maximum				\$6,000/\$12,000
Annual Maximum ,				
Lifetime Maximum,				
Prescription Drug Deductible				
Pharmacy Maximum Out of Pocket				
Prescription Drugs				
Mail Order Prescription Drugs (Three (3) month Supply)				
Oral Contraceptive				
PCP Office Visits				
Specialist Visits				
Telehealth Connection				
OB/GYN Visits				

**Routine Preventive Care
(adult)**

**Well Child Exams
(through age 18)**

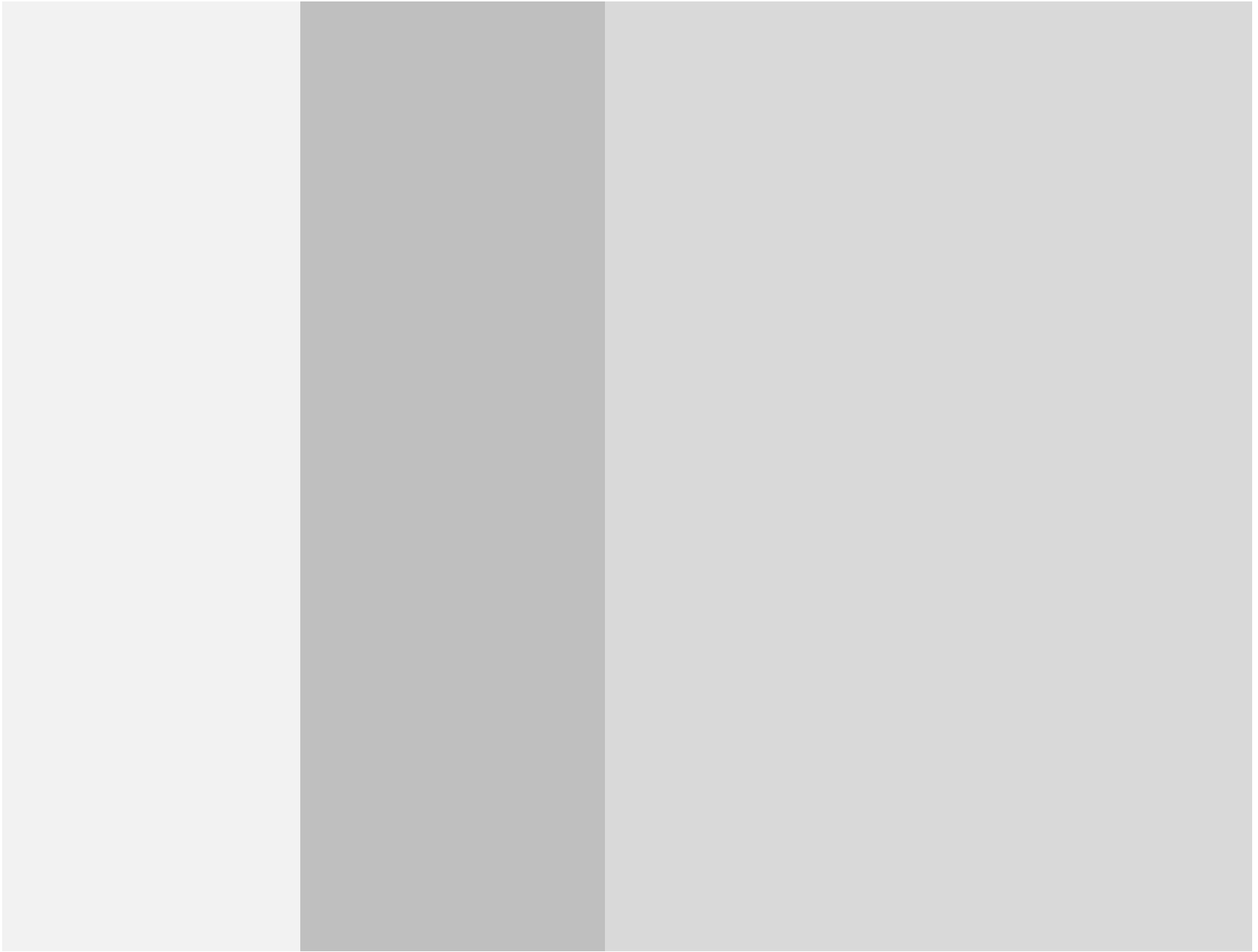
Vision Coverage

Gym Reimbursement

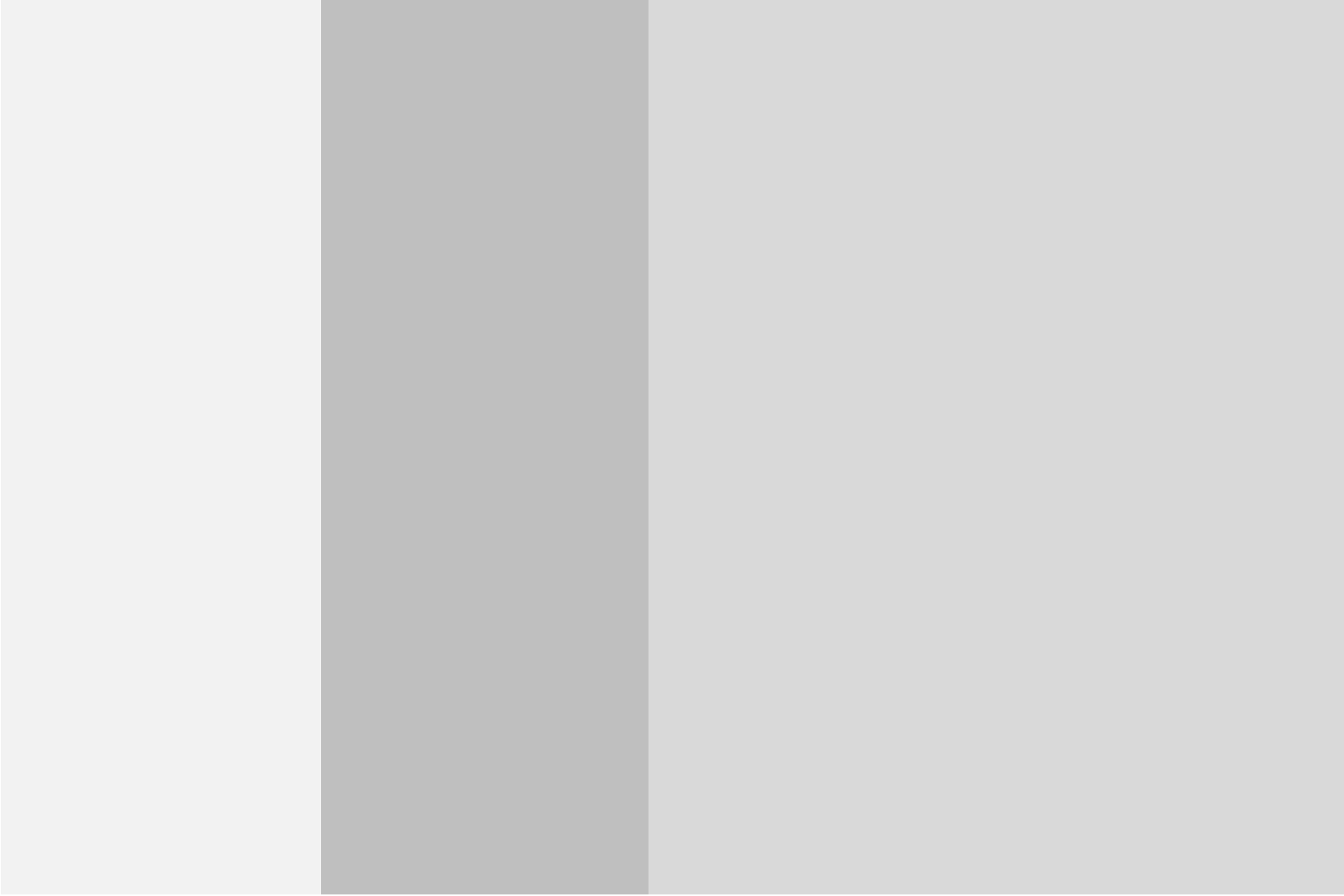
Lab and X-ray

Advanced Radiology

Chiropractic



Emergency Room



**Outpatient Physical
Therapy**

Hospice Care

**Home Health Care
(includes Outpatient**

100% after deductible

