

		H65	H50	H30	E60	E15	S40	S25	S05	S00
The Basics		H plans are HSA-compatible			E plans are not HSA-compatible		S plans are not HSA-compatible			
Deductible	Individual	\$6,500	\$5,000	\$3,000	\$6,000	\$1,500	\$4,000	\$2,500	\$500	\$0
	Family	\$13,000	\$10,000	\$6,000	\$12,000	\$3,000	\$8,000	\$5,000	\$1,000	\$0
Out of Pocket Max	Individual	\$6,500	\$5,000	\$3,000	\$8,200	\$6,000	\$6,650	\$5,000	\$2,500	\$1,250
	Family	\$13,000	\$10,000	\$6,000	\$16,400	\$12,000	\$13,300	\$10,000	\$5,000	\$2,500
Coinsurance		Not Applicable			70%		90%			
Physician Services										
Virtual Primary Care & Mental Health Support	All plans get PlushCare virtual primary care and Ginger virtual mental healthcare with a \$0 copay before deductible									
Office Visits	H plans pay 100% after deductible			Primary Office Visits: \$25 copay Specialty Office Visits: \$50 copay						
Chiropractic Care – Limited to 30 visits per plan year				\$25 copay chiropractic visitation limits apply						
Acupuncture Visit – Limited to 20 visits per plan year				\$25 copay acupuncture visitation limits apply						
Mental Health Support				E plans pay 70% after deductible			S plans pay 90% after deductible			
In-Hospital Visits, Surgery, Imaging, Anesthesiology, Labs, Medical Equipment				E plans pay 70% after deductible			S plans pay 90% after deductible			
for Member's choice of facility										
\$0 copay when booked with a Sana Medical Partner – Edison Healthcare (surgery), Green Imaging, ConnectDME										
Preventive & Wellness										
Routine Adult & Child Care, Immunizations, Cancer Screenings, Mammograms, OBGYN Exams	All plans pay 100% of preventive care before deductible									
Emergency Services										
Emergency Room	H plans pay 100% after deductible			\$200 ER copay copay waived if admitted		plus	E plans pay 70% after deductible		S plans pay 90% after deductible	
Urgent Care				\$25 Urgent Care copay		plus	E plans pay 70% after deductible		S plans pay 90% after deductible	
additional services subject to deductible & coinsurance										
Prescription Drugs										
See specific copays per medication type & fulfillment method at the right – Retail copays cover a 30 day supply – Mail order copays cover a 90 day supply	H plans pay 100% after deductible			Generic / Tier 1 \$10 retail copay \$20 mail order copay		Brand Formulary / Tier 2 \$30 retail copay \$60 mail order copay		Brand Non-Formulary / Tier 3 \$55 retail copay \$110 mail order copay		Specialty \$55 retail copay N/A mail order copay