

		H70	H50	E60	E35	E15	P45	P25	P05
The Basics		PPO Plus HSA		PPO Plus			PPO Plus		
Deductible	Individual	\$7,000	\$5,000	\$6,000	\$3,500	\$1,500	\$4,500	\$2,500	\$500
	Family	\$14,000	\$10,000	\$12,000	\$7,000	\$3,000	\$9,000	\$5,000	\$1,000
Out of Pocket Max	Individual	\$7,000	\$5,000	\$7,500	\$7,500	\$7,500	\$6,000	\$5,000	\$2,500
	Family	\$14,000	\$10,000	\$15,000	\$15,000	\$15,000	\$12,000	\$10,000	\$5,000
Coinsurance	After deductible	Plan pays 100%		Plan pays 70%			Plan pays 80%		
Physician Services									
Virtual Services for Primary Care, Pediatric Care, and Mental Health Care		All members on all plans enjoy unlimited complimentary virtual appointments through a Sana Care provider Sign in to your account to see which Sana Care providers are available in your area							
Office Visits		Primary office visits: \$25 copay Specialty office visits: \$50 copay							
Chiropractic		\$25 copay Up to 30 visits per plan year							
Physical Therapy & Massage Therapy		\$25 copay Up to 30 visits per treatment, with a maximum of 60 total therapy visits per plan year							
Acupuncture		\$25 copay Up to 20 visits per plan year							
Mental Health		Plan pays 100% after deductible		Office visits: \$50 copay and Inpatient residential, intensive outpatient, partial hospitalization programs: Coinsurance applies after deductible					
In-Hospital Visits, Surgery, Imaging, Anesthesiology, Labs, Medical Equipment				When booked through a Sana Care provider: \$0 copay or When provided by member's choice of facility: Coinsurance applies after deductible					
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		Plan pays 100% after deductible		\$200 copay waived if admitted and Additional services: Coinsurance applies after deductible					
Urgent Care				\$25 copay and Additional services: Coinsurance applies after deductible					
Prescription Drugs									
Check with SmithRx to determine the tier and coverage of your prescription		Plan pays 100% after deductible		Generic / Tier 1 \$10 retail copay (30 day) \$30 retail copay (90 day) \$20 mail order copay (90 day)	Brand Formulary / Tier 2 \$30 retail copay (30 day) \$90 retail copay (90 day) \$60 mail order copay (90 day)	Brand Non-Formulary / Tier 3 \$55 retail copay (30 day) \$165 retail copay (90 day) \$110 mail order copay (90 day)	Specialty / Tier 4 \$55 retail copay (30 day) N/A retail copay (90 day) N/A mail order copay (90 day)		