

2018 Small Group Plans

IN-NETWORK	PLATINUM HMO 110	SILVER ALIGN OPTIMUM	SILVER ALIGN FLEXIBLE	SILVER POS 8100
Deductible	\$0	\$1,350/\$2,700	\$5,000/\$10,000	\$2,900/\$5,800
Coinsurance	0%	30% after deductible	50% after deductible	20% after deductible
Out-of-Pocket Max	\$3,800/\$7,600	\$6,650/\$13,300	\$6,650/\$13,300	\$6,650/\$13,300

OUT-OF-NETWORK				
Deductible	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Out-of-Pocket Max	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000

MEDICAL SERVICES				
Primary Care Office Visits	\$20	\$30 after deductible	50% after deductible	20% after deductible
Specialist Office Visits	\$30	\$50 after deductible	50% after deductible	20% after deductible
Inpatient Hospital Services	\$500 copayment	30% after deductible	50% after deductible	\$1,000 copayment after deductible
Outpatient Surgery Services	\$20/\$30	\$30/\$50	50% after deductible	20% after deductible
Out Patient Facility Fee	\$150	30% after deductible	50% after deductible	20% after deductible
Emergency Room	\$100	30% after deductible	30% after deductible	20% after deductible
Urgent Care	\$40	30% after deductible	30% after deductible	20% after deductible

PRESCRIPTION DRUGS				
Pharmacy	\$5/\$30/50%	\$5/\$30/50% after deductible	\$5/\$30/50% after deductible	\$5/\$30/50% after deductible

PRODUCT DETAILS				
Wellness Benefits	\$250 per contract	\$250 per contract	\$250 per contract	\$250 per contract

RATES				
Employee Rate	\$614.08	\$447.14	\$447.14	\$456.34
Employee & Child(ren) Rate	\$1,043.95	\$760.15	\$760.15	\$775.77
Employee & Spouse Rate	\$1,228.16	\$894.29	\$894.29	\$912.67
Family Rate	\$1,750.14	\$1,274.36	\$1,274.36	\$1,300.57