

## 2020 Small Group Plans

IN-NETWORK	FlexFit Platinum	iDirect Silver Copay	iDirect Silver Coinsurance	iDirect Bronze
<b>Deductible</b>	\$0	\$2,250/\$4,500	\$3,000/\$6,000	\$5,150/\$10,300
<b>Coinsurance</b>	0%	0%	20% after deductible	50% after deductible
<b>Out-of-Pocket Max</b>	\$5,250/\$10,500	\$7,550/\$15,100	\$6,750/\$13,500	\$6,750/\$13,500

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

MEDICAL SERVICES				
<b>Primary Care Office Visits</b>	\$10	\$35 after deductible	20% after deductible	50% after deductible
<b>Specialist Office Visits</b>	\$40	\$60 after deductible	20% after deductible	50% after deductible
<b>Inpatient Hospital Services</b>	\$500	\$1,000 Copay after deductible	20% after deductible	50% after deductible
<b>Outpatient Surgery Services</b>	\$50	\$50 after deductible	20% after deductible	50% after deductible
<b>Out Patient Facility Fee</b>	\$75	\$175 after deductible	20% after deductible	50% after deductible
<b>Emergency Room</b>	\$150	\$200 after deductible	20% after deductible	50% after deductible
<b>Urgent Care</b>	\$75	\$75 after deductible	20% after deductible	50% after deductible

PRESCRIPTION DRUGS				
<b>Pharmacy</b>	\$5/\$30/50%	\$10/\$50/50%	20%/20%/50% after deductible	50% on all tiers after deductible

PRODUCT DETAILS				
<b>Wellness Benefits</b>	Health Extras or Nutrition	Health Extras or Nutrition	Health Extras or Nutrition	Health Extras or Nutrition

RATES				
<b>Employee Rate</b>	\$636.99	\$469.43	\$446.74	\$420.98
<b>Employee &amp; Child(ren) Rate</b>	\$1082.88	\$798.03	\$759.46	\$715.67
<b>Employee &amp; Spouse Rate</b>	\$1273.98	\$938.86	\$893.48	\$841.96
<b>Family Rate</b>	\$1815.42	\$1337.88	\$1273.21	\$1199.79