

## 2021 Small Group Plans

IN-NETWORK	PLATINUM HMO 110	SILVER APEX 7100	SILVER POS 8100
<b>Deductible</b>	\$0	\$1,900/\$3,800	\$2,900/\$5,800
<b>Coinsurance</b>	0%	0%	40% after deductible
<b>Out-of-Pocket Max</b>	\$3,500/\$7,000	\$6,900/\$13,800	\$6,900/\$13,800

OUT-OF-NETWORK			
<b>Deductible</b>	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>Coinsurance</b>	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

MEDICAL SERVICES			
<b>Primary Care Office Visits</b>	\$5	\$25 after deductible	40% after deductible
<b>Specialist Office Visits</b>	\$25	\$50 after deductible	40% after deductible
<b>Inpatient Hospital Services</b>	\$500 copayment	\$750 after deductible	40% after deductible
<b>Telemedicine</b>	Covered in Full	Covered in Full after deductible	Covered in Full after deductible
<b>Outpatient Surgery Services (in physician's office)</b>	\$5/\$25	\$25/\$50 after deductible	40% after deductible
<b>Out Patient Facility Fee</b>	\$150	\$150 after deductible	40% after deductible
<b>Emergency Room</b>	\$150	\$250 after deductible	40% after deductible
<b>Urgent Care</b>	\$40	\$75 after deductible	40% after deductible

PRESCRIPTION DRUGS			
<b>Pharmacy</b>	\$5/\$25/50%	\$5/\$30/50% after deductible	\$5/\$30/50% after deductible

PRODUCT DETAILS			
<b>Wellness Benefits</b>	\$250 per contract	\$250 per contract	\$250 per contract

RATES			
<b>Employee Rate</b>	\$613.05	\$437.99	\$425.21
<b>Employee &amp; Child(ren) Rate</b>	\$1042.19	\$744.58	\$722.86
<b>Employee &amp; Spouse Rate</b>	\$1226.10	\$875.98	\$850.42
<b>Family Rate</b>	\$1747.19	\$1248.27	\$1211.85