

	Bronze	Bronze
	\$20 Copay HNOonly PD* \$20 Copay PPO PD	Deductible Only HSA Eligible HNOonly PD * Deductible Only HSA Eligible PPO PD
Off exchange		
Medical deductible	\$5,750 / \$11,500	\$6,300 / \$12,600
Coinsurance	0%	0%
Out-of-pocket maximum	\$6,600 / \$13,200	\$6,300 / \$12,600
Doctor and hospital visits		
Primary care office visit	\$20 copay	0% after deductible
Specialist office visit	\$50 copay after deductible	0% after deductible
Hospital stay	\$250 copay per admission after deductible	0% after deductible
Outpatient surgery	\$250 copay after deductible	0% after deductible
Urgent care	\$60 copay after deductible	0% after deductible
Emergency room	\$250 copay after deductible	0% after deductible
Diagnostics		
Lab	\$0 after deductible	0% after deductible
X-ray	\$100 copay after deductible	0% after deductible
Complex imaging	\$250 copay after deductible	0% after deductible
Pharmacy		
Pharmacy deductible	Integrated with Medical	Integrated with Medical
Preferred generic drugs	\$15 copay	0% after deductible
Preferred brand drugs	\$45 copay after deductible	0% after deductible
Non-preferred drugs	\$75 copay after deductible	0% after deductible
Preferred specialty drugs	40% after deductible	0% after deductible
Non-preferred specialty drugs	50% after deductible	0% after deductible
	Not to exceed a \$150 copay per prescription	

For more information contact your independent broker

Total Benefit Solutions Inc

(215)355-2121 <http://www.totalbenefits.net>

All percentages shown are what member pays. Deductible waived unless otherwise indicated. PD: includes pediatric dental. On HIX mirrors off without PD. *In network only.



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	Silver	Silver	Gold
	\$5 copay 2750 HNOly PD* \$5 Copay 2750 PPO PD	\$10 Copay HNOly PD* \$10 Copay PPO PD	\$5 Copay HNOly PD* \$5 Copay PPO PD
Off exchange			
Medical deductible	\$2,750 / \$5,500	\$3,750 / \$7,500	\$1,400 / \$2,800
Coinsurance	30%	30%	20%
Out-of-pocket maximum	\$6,000 / \$12,000	\$6,600 / \$13,200	\$5,000 / \$10,000
Doctor and hospital visits			
Primary care office visit	\$5 copay	\$10 copay	\$5 copay
Specialist office visit	\$75 copay	\$75 copay	\$40 copay
Hospital stay	30% after deductible	\$500 copay per admission after deductible, then 30%	20% after deductible
Outpatient surgery	30% after deductible	\$250 copay after deductible, then 30%	20% after deductible
Urgent care	\$75 copay	\$75 copay	\$75 copay
Emergency room	\$500 copay after deductible	\$500 copay after deductible	\$250 copay after deductible
Diagnostics			
Lab	30% after deductible	30% after deductible	20% after deductible
X-ray	30% after deductible	30% after deductible	20% after deductible
Complex imaging	30% after deductible	\$250 copay after deductible, then 30%	20% after deductible
Pharmacy			
Pharmacy deductible	Integrated with medical	\$500 per member	\$250 per member
Preferred generic drugs	T1A \$5 copay, T1 \$15 copay	T1A \$5 copay, T1 \$15 copay	T1A \$3 copay, T1 \$10 copay
Preferred brand drugs	\$45 copay after deductible	\$45 copay after deductible	\$35 copay after deductible
Non-preferred drugs	\$75 copay after deductible	\$75 copay after deductible	\$70 copay after deductible
Preferred specialty drugs	40% after deductible	40% after deductible	30% after deductible
Non-preferred specialty drugs	50% after deductible Not to exceed a \$150 copay per prescription	50% after deductible Not to exceed a \$150 copay per prescription	50% after deductible Not to exceed a \$150 copay per prescription

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