

Group Health Benefits Effective 1/1/2022 - 12/31/2022

Plan Name	HSA Embedded \$6750		HSA Embedded \$4000		Option Adv Plus \$6000		Option Adv Plus \$2500	
	Signature	Out-of-Network	Signature	Out-of-Network	Signature	Out-of-Network	Signature	Out-of-Network
Network	Referrals not required		Referrals not required		Referrals not required		Referrals not required	
Referrals	Referrals not required		Referrals not required		Referrals not required		Referrals not required	
Deductible (Individual/Family)	\$6,750 / \$13,500		\$4,000 / \$8,000		\$6,000 / \$12,000	\$12,000 / \$24,000	\$2,500 / \$5,000	
Out-of-Pocket Max (Individual/Family)	\$6,750 / \$13,500		\$4,000 / \$8,000		\$8,700 / \$17,400	\$17,400 / \$34,800	\$6,000 / \$12,000	
Preventive Care	Covered in full*	Covered in full	Covered in full*	Covered in full	Covered in full*	50%	Covered in full*	50%
Office Visit/Specialty	Covered in full	Covered in full	Covered in full	Covered in full	\$35*/\$45*	50%*	\$25*/\$35*	50%*
Virtual Visit	Covered in full	Covered in full	Covered in full	Covered in full	\$10*	50%*	\$10*	50%*
Urgent Care	Covered in full	Covered in full	Covered in full	Covered in full	\$45*	50%	\$35*	50%
Lab/X-ray	Covered in full	Covered in full	Covered in full	Covered in full	First \$500 covered in full* then 30%	50%	First \$500 covered in full* then 30%	50%
MRI, CT, CAT, PET Scans	Covered in full	Covered in full	Covered in full	Covered in full	30%	50%	30%	50%
Outpatient Surgery	Covered in full	Covered in full	Covered in full	Covered in full	30% 20% ASC	50%	30% 20% ASC	50%
Inpatient Hospital	Covered in full	Covered in full	Covered in full	Covered in full	30%	50%	30%	50%
Emergency Room	Covered in full		Covered in full		\$250		\$250	
Rx	Covered in full	Not Covered	Covered in full	Not Covered	\$0*/\$10*/\$30*/\$60* 50% up to \$200	Not Covered	\$0*/\$10*/\$30*/\$60* 50% up to \$200	Not Covered
Alternative Care (Chiropractic/Acupuncture)	Covered in full Limit 20/12 visits per calendar year		Covered in full Limit 20/12 visits per calendar year		\$35* Limit 20/12 visits per calendar year		\$25* Limit 20/12 visits per calendar year	
	<p>* Deductible Waived</p>							

NOTE: This is a very limited summary for illustrative purposes only. Actual contract language takes priority over any of the above statements. Please see all contract details for specifics. Any errors or omissions are purely unintentional. Final rates are based on final enrollment.