



PLAN OPTIONS **HDHP PPO**

INDIVIDUAL
HEALTH SAVINGS ACCOUNT (HSA) PLANS

| | ANNUAL DEDUCTIBLE ¹ | | COINSURANCE ² | MAXIMUM OUT OF POCKET ³ | | PREVENTIVE CARE | RX ² |
|-------|--------------------------------|----------------------------------|--------------------------|------------------------------------|----------------------------------|-------------------|----------------------------|
| | Individual/Family In Network | Individual/Family Out of Network | In/Out of Network | Individual/Family In Network | Individual/Family Out of Network | In/Out of Network | Tier 1/2/3/4 In Network |
| 1500B | \$1,500 / \$3,000 | \$3,000 / \$6,000 | 80% / 60% | \$4,500 / \$9,000 | \$9,000 / \$18,000 | 100% / 75% | \$10 / \$40 / \$65 / \$100 |
| 3000A | \$3,000 / \$6,000 | \$6,000 / \$12,000 | 100% / 75% | \$3,000 / \$6,000 | \$7,500 / \$15,000 | 100% / 75% | n/a |
| 5000A | \$5,000 / \$10,000 | \$10,000 / \$20,000 | 100% / 75% | \$5,000 / \$10,000 | \$12,500 / \$25,000 | 100% / 75% | n/a |

¹ Family deductible is non-embedded.

² Copayments and coinsurance apply after deductible is met until maximum out of pocket is reached.

³ Maximum out of pocket includes deductible.