



SPRINGFIELD REGION

HSA PPO PLAN OPTIONS

	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
SPR-HS15-09	\$1,500/\$3,000	\$3,000/\$6,000	80%/60%	\$4,500/\$9,000	\$6,000/\$12,000	100%/75%	\$10 / \$35 / \$60 / \$100
SPR-HS30-09	\$3,000/\$6,000	\$6,000/\$12,000	100%/75%	\$4,000/\$9,000	\$9,000/\$21,000	100%/75%	\$10 / \$35 / \$60 / \$100
SPR-HS50-09	\$5,000/\$10,000	\$10,000/\$20,000	100%/75%	\$5,800/\$11,600	\$13,000/\$29,000	100%/75%	\$10 / \$35 / \$60 / \$100

1 Family deductible in 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.