

Lowest Premiums
Higher Deductibles

DETAILS

- Telehealth services available.
- Referrals not required to see Specialist.
- Preventive care is available at no cost.
- Out-of-network services are not covered under this plan.
- Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits.

Benefits	Cost Sharing Levels
Deductible (individual/family)	\$9,100 / \$18,200
Maximum Out-of-Pocket Costs (individual/family)	\$9,100 / \$18,200
MEDICAL	
PCP Office Visit	No charge after deductible
Specialist Office Visit	
Outpatient Facility	
Outpatient Surgery	
Urgent Care Services	
Ambulance Services	
Emergency Room Services	
Inpatient Hospital Care	
Inpatient Skilled Nursing Facility	
Outpatient Mental/Behavioral Sub30 76 0 Td [(Cost Sharing L)11.1 (evels)]TJdbusd Nursing Facility	