

	CareConnect Standard Platinum (EPO) (UCR=N/A)		CareConnect Tradition Platinum 30/30 (EPO) (UCR=N/A)		CareConnect Tradition Platinum 30/30 Access (EPO) (UCR=N/A)		CareConnect Value Platinum (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/30/60		15/35/75/100 ded T2-3		15/35/75		0/50/50%	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		N/A	
Individual/Family OOP Limit	\$2,000/\$4,000		\$1,000/\$2,000		\$1,000/\$2,000		\$3,000/\$6,000	
Co-Insurance	N/A		N/A		N/A		10%	
Office Visits								
Primary Care	\$15		\$30		\$30		\$20	
Specialist	\$35		\$30		\$30		\$30	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit		\$500/admit		10%	
Mental Health Inpatient	\$500/admit		\$500/admit		\$500/admit		10%	
Outpatient Services								
Outpatient Facility	\$100		\$200		\$200		10%	
Lab/X-Ray	\$35		\$30		\$30		Lab-No charge; X-ray-\$40	
Mental Health Outpatient	\$15		\$30		\$30		No charge	
Emergency Care								
Emergency Room	\$100 (waived if admitted)		\$200 (waived if admitted)		\$200 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$55		\$30		\$30		\$75	
Single	1 x \$606.00		1 x \$615.00		1 x \$725.00		1 x \$516.00	
EE with Spouse	0 x \$1,212.00		0 x \$1,230.00		0 x \$1,450.00		0 x \$1,032.00	
EE with Child(ren)	0 x \$1,030.00		0 x \$1,046.00		0 x \$1,233.00		0 x \$877.00	
Family	1 x \$1,727.00		1 x \$1,753.00		1 x \$2,066.00		1 x \$1,471.00	
Monthly Cost	2 \$2,333.00		2 \$2,368.00		2 \$2,791.00		2 \$1,987.00	
Annual Cost	\$27,996.00		\$28,416.00		\$33,492.00		\$23,844.00	

	CareConnect Value Platinum Access (EPOc) (UCR=N/A)		CareConnect Standard Gold (EPOc) (UCR=N/A)		CareConnect Gold Copay Plan (EPO) (UCR=N/A)		CareConnect Gold Copay Plan Access (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50%		10/35/70		15/35/75/100 ded		15/35/75	
Cost Share Information								
Individual/Family Deductible	N/A		\$600/\$1,200		N/A		N/A	
Individual/Family OOP Limit	\$3,000/\$6,000		\$4,000/\$8,000 (incl ded)		\$6,350/\$12,700		\$6,350/\$12,700	
Co-Insurance	10%		N/A		N/A		N/A	
Office Visits								
Primary Care	\$20		\$25 after ded		\$30		\$30	
Specialist	\$30		\$40 after ded		\$50		\$50	
Inpatient Services								
Inpatient Hospital	10%		\$1,000/admit after ded		\$500/day		\$500/day	
Mental Health Inpatient	10%		\$1,000/admit after ded		\$500/day		\$500/day	
Outpatient Services								
Outpatient Facility	10%		\$100 after ded		\$300		\$300	
Lab/X-Ray	Lab-No charge; X-ray-\$40		\$40 after ded		\$30		\$30	
Mental Health Outpatient	No charge		\$25 after ded		\$30		\$30	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$150 (waived if admitted) after ded		\$350 (waived if admitted)		\$350 (waived if admitted)	
Urgent Care	\$75		\$60 after ded		\$50		\$50	
Single	1 x \$609.00		1 x \$524.00		1 x \$516.00		1 x \$609.00	
EE with Spouse	0 x \$1,218.00		0 x \$1,048.00		0 x \$1,032.00		0 x \$1,218.00	
EE with Child(ren)	0 x \$1,035.00		0 x \$891.00		0 x \$877.00		0 x \$1,035.00	
Family	1 x \$1,736.00		1 x \$1,493.00		1 x \$1,471.00		1 x \$1,736.00	
Monthly Cost	2 \$2,345.00		2 \$2,017.00		2 \$1,987.00		2 \$2,345.00	
Annual Cost	\$28,140.00		\$24,204.00		\$23,844.00		\$28,140.00	

	CareConnect Tradition Gold 30/50 (EPOc) (UCR=N/A)		CareConnect Value Gold 20/50 (EPOc) (UCR=N/A)		CareConnect Value Gold 20/50 Access (EPOc) (UCR=N/A)		CareConnect Value Gold 45/45 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/35/75/100 ded T2-3		0/50/50% IntDed T3		0/50/50% IntDed T3		0/50/50% IntDed T3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000		\$500/\$1,000		\$500/\$1,000		\$750/\$1,500	
Individual/Family OOP Limit	\$3,000/\$6,000 (incl ded)		\$3,750/\$7,500 (incl ded)		\$3,750/\$7,500 (incl ded)		\$6,000/\$12,000 (incl ded)	
Co-Insurance	10%		20%		20%		10%	
Office Visits								
Primary Care	\$30 ded waived		\$20 ded waived		\$20 ded waived		\$45 ded waived	
Specialist	\$50 ded waived		\$50 ded waived		\$50 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		20% after ded		20% after ded		10% after ded	
Mental Health Inpatient	10% after ded		20% after ded		20% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	10% after ded		20% after ded		20% after ded		\$250 after ded	
Lab/X-Ray	Lab-10% after ded; X-ray-\$30 ded waived		Lab-\$40 ded waived; X-ray-\$60 ded waived		Lab-\$40 ded waived; X-ray-\$60 ded waived		Lab-No charge; X-ray-\$90 ded waived	
Mental Health Outpatient	\$30 ded waived		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$200 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived		\$250 (waived if admitted) ded waived	
Urgent Care	\$50 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	1 x \$542.00		1 x \$439.00		1 x \$518.00		1 x \$439.00	
EE with Spouse	0 x \$1,084.00		0 x \$878.00		0 x \$1,036.00		0 x \$878.00	
EE with Child(ren)	0 x \$921.00		0 x \$746.00		0 x \$881.00		0 x \$746.00	
Family	1 x \$1,545.00		1 x \$1,251.00		1 x \$1,476.00		1 x \$1,251.00	
Monthly Cost	2 \$2,087.00		2 \$1,690.00		2 \$1,994.00		2 \$1,690.00	
Annual Cost	\$25,044.00		\$20,280.00		\$23,928.00		\$20,280.00	

	CareConnect Value Gold 45/45 Access (EPOc) (UCR=N/A)		CareConnect Standard Silver (EPOc) (UCR=N/A)		CareConnect Tradition Silver 40/60 (EPOc) (UCR=N/A)		CareConnect Tradition Silver 40/60 Access (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50% IntDed T3		10/35/70		15/35/75/100 ded T2-3		15/35/75/100 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$750/\$1,500		\$2,000/\$4,000		\$4,000/\$8,000		\$4,000/\$8,000	
Individual/Family OOP Limit	\$6,000/\$12,000 (incl ded)		\$5,500/\$11,000 (incl ded)		\$6,600/\$13,200 (incl ded)		\$6,600/\$13,200 (incl ded)	
Co-Insurance	10%		N/A		20%		20%	
Office Visits								
Primary Care	\$45 ded waived		\$30 after ded		\$40 ded waived		\$40 ded waived	
Specialist	\$45 ded waived		\$50 after ded		\$60 ded waived		\$60 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		\$1,500/admit after ded		20% after ded		20% after ded	
Mental Health Inpatient	10% after ded		\$1,500/admit after ded		20% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$100 after ded		\$350 ded waived		\$350 ded waived	
Lab/X-Ray	Lab-No charge; X-ray-\$90 ded waived		\$50 after ded		Lab-\$60 ded waived; X-ray-\$40 ded waived		Lab-\$60 ded waived; X-ray-\$40 ded waived	
Mental Health Outpatient	No charge		\$30 after ded		\$40 ded waived		\$40 ded waived	
Emergency Care								
Emergency Room	\$250 (waived if admitted) ded waived		\$150 (waived if admitted) after ded		\$350 (waived if admitted) ded waived		\$350 (waived if admitted) ded waived	
Urgent Care	\$75 ded waived		\$70 after ded		\$60 ded waived		\$60 ded waived	
Single	1 x	\$518.00	1 x	\$459.00	1 x	\$482.00	1 x	\$569.00
EE with Spouse	0 x	\$1,036.00	0 x	\$918.00	0 x	\$964.00	0 x	\$1,138.00
EE with Child(ren)	0 x	\$881.00	0 x	\$780.00	0 x	\$819.00	0 x	\$967.00
Family	1 x	\$1,476.00	1 x	\$1,308.00	1 x	\$1,374.00	1 x	\$1,622.00
Monthly Cost	2	\$1,994.00	2	\$1,767.00	2	\$1,856.00	2	\$2,191.00
Annual Cost		\$23,928.00		\$21,204.00		\$22,272.00		\$26,292.00

	CareConnect Value Silver (EPOc) (UCR=N/A)		CareConnect Value Silver Access (EPOc) (UCR=N/A)		CareConnect Silver HSA 100% (HSA) (UCR=N/A)		CareConnect Silver HSA 100% Access (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	0/50/50% IntDed T3		0/50/50% IntDed T3		0% IntDed G/P/NP		0% IntDed G/P/NP	
Cost Share Information								
Individual/Family Deductible	\$2,250/\$4,500		\$2,250/\$4,500		\$3,400/\$6,800		\$3,400/\$6,800	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,850/\$13,700 (incl ded)		\$3,400/\$6,800 (incl ded)		\$3,400/\$6,800 (incl ded)	
Co-Insurance	20%		20%		0%		0%	
Office Visits								
Primary Care	\$35 ded waived		\$35 ded waived		0% after ded		0% after ded	
Specialist	\$65 ded waived		\$65 ded waived		0% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	20% after ded		20% after ded		0% after ded		0% after ded	
Mental Health Inpatient	20% after ded		20% after ded		0% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	20% after ded		20% after ded		0% after ded		0% after ded	
Lab/X-Ray	\$75 ded waived		\$75 ded waived		0% after ded		0% after ded	
Mental Health Outpatient	No charge		No charge		0% after ded		0% after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted) after ded		\$250 (waived if admitted) ded waived		0% after ded		0% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		0% after ded		0% after ded	
Single	1 x \$412.00		1 x \$486.00		1 x \$449.00		1 x \$530.00	
EE with Spouse	0 x \$824.00		0 x \$972.00		0 x \$898.00		0 x \$1,060.00	
EE with Child(ren)	0 x \$700.00		0 x \$826.00		0 x \$763.00		0 x \$901.00	
Family	1 x \$1,174.00		1 x \$1,385.00		1 x \$1,280.00		1 x \$1,511.00	
Monthly Cost	2 \$1,586.00		2 \$1,871.00		2 \$1,729.00		2 \$2,041.00	
Annual Cost	\$19,032.00		\$22,452.00		\$20,748.00		\$24,492.00	

	CareConnect Standard Bronze (EPOc) (UCR=N/A)		CareConnect Bronze HSA 100% (HSA) (UCR=N/A)		CareConnect Bronze HSA 70% Access (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/35/70 IntDed		0% IntDed G/P/NP		15/35/75 IntDed	
Cost Share Information						
Individual/Family Deductible	\$3,500/\$7,000		\$6,000/\$12,000		\$4,450/\$8,900	
Individual/Family OOP Limit	\$6,850/\$13,700 (incl ded)		\$6,000/\$12,000 (incl ded)		\$6,450/\$12,900 (incl ded)	
Co-Insurance	50%		0%		30%	
Office Visits						
Primary Care	50% after ded		0% after ded		30% after ded	
Specialist	50% after ded		0% after ded		30% after ded	
Inpatient Services						
Inpatient Hospital	50% after ded		0% after ded		30% after ded	
Mental Health Inpatient	50% after ded		0% after ded		30% after ded	
Outpatient Services						
Outpatient Facility	50% after ded		0% after ded		30% after ded	
Lab/X-Ray	50% after ded		0% after ded		30% after ded	
Mental Health Outpatient	50% after ded		0% after ded		30% after ded	
Emergency Care						
Emergency Room	50% after ded		0% after ded		30% after ded	
Urgent Care	50% after ded		0% after ded		30% after ded	
Single	1 x \$392.00		1 x \$377.00		1 x \$460.00	
EE with Spouse	0 x \$784.00		0 x \$754.00		0 x \$920.00	
EE with Child(ren)	0 x \$666.00		0 x \$641.00		0 x \$782.00	
Family	1 x \$1,117.00		1 x \$1,074.00		1 x \$1,311.00	
Monthly Cost	2 \$1,509.00		2 \$1,451.00		2 \$1,771.00	
Annual Cost	\$18,108.00		\$17,412.00		\$21,252.00	