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#10

Enhanced

Standard

Medical - In-Network		
Network	BluePreferred	BluePreferred
Deductible - Individual	2,000	4,000
Deductible - Family	4,000	8,000
Max Out-of-Pocket - Individual	5,000	5,000
Max Out-of-Pocket - Family	10,000	10,000
Coinsurance (%)	50	50
Primary Care Office Visit Copay	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Office Visit Copay	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit Copay	Deductible & Coinsurance	Deductible & Coinsurance
MDLIVE	YES / 0	YES / 0
ConnectDME	YES	YES
Medical - Out-of-Network		
Deductible - Individual	6,000	6,000
Deductible - Family	12,000	12,000
Max Out-of-Pocket - Individual	10,000	10,000
Max Out-of-Pocket - Family	20,000	20,000
Coinsurance (%)	50	50
Primary Care Office Visit Copay	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Office Visit Copay	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit Copay	Deductible & Coinsurance	Deductible & Coinsurance
Rx		
Brand Deductible	500	500
Max Out-of-Pocket - Individual	2,500	2,500
Max Out-of-Pocket - Family	5,000	5,000
30-Day Supply		
Generics	10	20% Coinsurance
Preferred Brands	20% Coinsurance	30% Coinsurance
Non-Preferred Brands	40% Coinsurance	50% Coinsurance
90-Day Supply		
Generics	25	20% Coinsurance
Preferred Brands	20% Coinsurance	30% Coinsurance
Non-Preferred Brands	40% Coinsurance	50% Coinsurance
Specialty - 30-Day Supply		
Generics	10% Coinsurance up to \$50	10% Coinsurance up to \$50
Preferred Brands	20% Coinsurance up to \$80	20% Coinsurance up to \$80
Non-Preferred Brands	40% Coinsurance up to \$120	40% Coinsurance up to \$120
Enhancements (30-Day Supply shown - 90-Day Supply @ 2x)		
Contraceptives	0	0
OTC Acid Reducers	0	0
Smoking Cessation	0	0
Generic Diabetics	5	5
OTC Anti-Histamines	5	5