

## Silver Health Plans

PPO Network	PPO Network With Disappearing Deductible							
	Silver	2000	Silver 30	00 HDHP	Silver 3000			
Coverage	Network	Non-Network	Network	Non-Network	Network	Non-Network		
\$0 Dollar Deductible options may be available for Outpatient Surgery Imaging Labs. Call Concierge for Options	100%		100%		100%			
Minimum Value Plan Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network		
<b>Deductible</b> ! Individual/Family	\$2,000 / \$8,000	\$6,000 / \$18,000	\$3000 / \$9,000	\$6,000 / \$18,000	\$3000 / \$9,000	\$6,000 / \$18,000		
Out-of-Pocket Maximum ! Individual/Family	\$8,000 / \$12,000	None	\$6,000 / \$12,000	None	\$6,000 / \$12,000	None		
Coinsurance after deductible	80%	50%	80%	50%	80%	50%		
Primary / Specialist / Urgent Care	\$10 / \$55 / \$75	50%	80%	50%	\$10 / \$55 / \$75	50%		
In-Patient Hospitalization	80%	50%	80%	50%	80%	50%		
Out-Patient Surgery	80%	50%	80%	50%	80%	50%		
X-Ray / Lab	80%	50%	80%	50%	80%	50%		
Emergency Room	80%	50%	80%	50%	80%	50%		
Generic Prescription Drugs	\$1	Not Covered	80 %	Not Covered	\$1	Not Covered		
Preferred Brand Drugs	\$35	Not Covered	80%	Not Covered	\$35	Not Covered		
Non-Preferred Brand Drugs	\$75	Not Covered	80%	Not Covered	\$75	Not Covered		
Specialty Drugs	\$200	Not Covered	80%	Not Covered	\$200	Not Covered		

	Silver 2000			Silver 3000 HDHP			Silver 3000		
	# of Enrollees	Rates	Total	# of Enrollees	Rates	Total	# of Enrollees	Rates	Total
Employee									
Employee + Spouse									
Employee + Child(ren)									
Family									
Monthly Total									
Annual Total									