SCOPE OF SERVICES

# Gold.

## HEALTH PLANS

| | Gold 1000 | | Gold 3000 | | Gold 3200 HDHP | |
|---|---|---|---|---|---|---|
| | Network | Out-of-Network | Network | Out-of-Network | Network | Out-of-Network |
| Deductible<br>Individual/Family | **$1,000<br>$4,000** | **$6,500<br>$19,500** | **$3,000<br>$9,000** | **$6,500<br>$19,500** | **$3,200<br>$9,000** | **$6,500<br>$19,500** |
| Max OOP<br>Individual/Family | **$1,000<br>$4,000** | **None** | **$3,000<br>$9,000** | **None** | **$3,200<br>$9,000** | **None** |
| Coinsurance<br>After Deductible | **80%** | **50%** | **100%** | **50%** | **100%** | **50%** |
| Primary<br>Specialist<br>Urgent Care | **$10<br>$55<br>$55** | **50%** | **$10<br>$55<br>$55** | **50%** | **100%** | **50%** |
| Other Services* | **80%** | **50%** | **100%** | **50%** | **100%** | **50%** |
| Prescription Medications | | | | | | |
| Generic | **$1** | **Not Covered** | **$1** | **Not Covered** | **100%** | **Not Covered** |
| Preferred | **$35** | **Not Covered** | **$35** | **Not Covered** | **100%** | **Not Covered** |
| Non-Preferred | **$75** | **Not Covered** | **$75** | **Not Covered** | **100%** | **Not Covered** |
| Specialty | **$200** | **Not Covered** | **$200** | **Not Covered** | **100%** | **Not Covered** |

* This refers to In-Patient Hospitalization, Out-Patient Surgery, X-rays, Labs, or Emergency Room.