



Plan Name	PPO PLANS					HSA PLANS		
	PPO 500	PPO 1000	PPO 2000	PPO 4000	PPO 6000	1500 HDHP	3000 HDHP	5000 HDHP
<b>Deductible</b> Individual/Family	\$500/ \$1,000	\$1,000/ \$2,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$6,000/ \$12,000	\$1,500/ \$3,000	\$3,000/ \$6,000	\$5,000/ \$10,000
<b>Coinsurance</b>	80%	80%	90%	80%	70%	100%	80%	80%
<b>Out-of-Pocket Maximum</b> Individual / Family	\$2,000/ \$4,000	\$3,000/ \$6,000	\$4,000/ \$8,000	\$6,000/ \$12,000	\$7,350/ \$14,700	\$1,500/ \$3,000	\$5,000/ \$10,000	\$6,500/ \$13,000
<b>Office Visits</b> PCP / Specialist	\$20 / \$40	\$25 / \$40	\$30 / \$50	\$30 / \$60	\$60 / \$75	Ded	Ded + Coins	Ded + Coins
<b>Emergency Care</b> Urgent Care / ER	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$125 / \$250	\$150 / \$300	Ded	Ded + Coins	Ded + Coins
<b>Prescriptions</b> Generic Formulary Brand Non-Formulary Brand	\$12 \$35 \$50	\$12 \$35 \$50	\$12 \$40 \$75	\$15 \$50 \$75	\$30 \$100 \$150	Ded	Ded + Coins	Ded + Coins