

# plan designs

## choose from our flexible plan design options



### Stop-loss options

Aggregate Deductible	Based on total expected claims, calculated based on the census of your group and other factors such as number of members, age, gender, etc.		
Specific Deductible <sup>1</sup>	<ul style="list-style-type: none"> <li>\$6,500</li> <li>\$10,000</li> <li>\$15,000</li> </ul>	<ul style="list-style-type: none"> <li>\$20,000</li> <li>\$25,000</li> <li>\$30,000</li> </ul>	<ul style="list-style-type: none"> <li>\$40,000</li> <li>\$50,000</li> <li>\$100,000</li> </ul>

### Group-member plan options

Deductible Options <sup>1</sup> Family deductible is two times the individual	<ul style="list-style-type: none"> <li>\$500</li> <li>\$1,000</li> <li>\$1,500<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$2,000<sup>2</sup></li> <li>\$2,500<sup>2</sup></li> <li>\$2,750</li> </ul>	<ul style="list-style-type: none"> <li>\$2,800<sup>2</sup></li> <li>\$3,000<sup>2</sup></li> <li>\$3,500<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$5,000<sup>2,3</sup></li> <li>\$5,750<sup>3,4</sup></li> <li>\$6,250<sup>3,4</sup></li> </ul>	<ul style="list-style-type: none"> <li>\$6,600<sup>5</sup></li> <li>\$7,900<sup>3,5</sup></li> <li>\$8,550<sup>3,5</sup></li> </ul>
Coinsurance Options	<ul style="list-style-type: none"> <li>100%</li> <li>90%</li> </ul>	<ul style="list-style-type: none"> <li>80%</li> <li>70%</li> </ul>	<ul style="list-style-type: none"> <li>50%</li> </ul>		
Out-of-pocket Maximums	\$1,000 to \$8,550; \$1,000 to \$7,150 in WA (this includes deductible, coinsurance, and copay amounts)				
Office Visits (primary care physician / specialist / urgent care)	<ul style="list-style-type: none"> <li>\$20 / \$35 / \$75</li> <li>\$35 / \$50 / \$75</li> <li>\$40 / \$60 / \$75</li> </ul>	<ul style="list-style-type: none"> <li>\$25 / Ded. and coins. / \$75</li> <li>\$35 / Ded. and coins. / \$75</li> <li>\$40 / Ded. and coins. / \$75</li> </ul>	<ul style="list-style-type: none"> <li>\$50 / Ded. and coins. / \$75</li> <li>\$50 / \$75 / \$100<sup>3</sup></li> <li>\$60 / \$100 / \$100<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Ded. and coins.</li> </ul>	
Hospital and Surgery Charges	Applies to deductible and coinsurance				
Diagnostic X-ray and Lab Benefit	<ul style="list-style-type: none"> <li>Applies to deductible and coinsurance</li> <li>100% first-dollar benefit</li> <li>\$500 first-dollar benefit, followed by deductible and coinsurance</li> </ul>				
Outpatient Physical Medicine / Chiropractic Care	Applies to deductible and coinsurance, limited to 30 visits per plan year				

1 Availability varies by state. 2 Health Savings Account (HSA)-compatible options. 3 Not Available in WA. 4 Available with HSA plans only. 5 Not available with \$6,500 specific deductible. 6 No out-of-network benefits. 7 When you select this option, there is a 20% increase in the insured's coinsurance responsibility when Non-Preferred Prescription Drugs are purchased. Applies to the following coinsurance options: 90%, 80%, 70%. No coinsurance differential in WA. Refer to your Summary Plan Description for full benefit details.

All employer-established health benefit plans meet the standards set by the Affordable Care Act. Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA) compatible plan designs are available.

## Group-member plan options continued

<p>Subacute Rehab &amp; Nursing Facility</p>	<p>Applies to deductible and coinsurance, limited to 31 days per plan year</p>	
<p>Home Health Care</p>	<p>Applies to deductible and coinsurance, limited to 30 visits per plan year</p>	
<p>Emergency Room Visit <i>Note: Copay waived if admitted</i></p>	<ul style="list-style-type: none"> <li>• \$250, \$350<sup>3</sup>, or \$500<sup>3</sup> access fee, followed by deductible and coinsurance</li> <li>• \$250, \$350<sup>3</sup>, or \$500<sup>3</sup> copay, no deductible or coinsurance (not allowed on HSA plan types)</li> <li>• Applies to deductible and coinsurance</li> </ul>	
<p>Mental/Behavioral Health and Substance Abuse</p>	<p><b>Outpatient, groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>• Applies to deductible and 50% coinsurance. Limited to 40 visits per plan year.</li> </ul> <p><b>Outpatient, groups over 50:</b></p> <ul style="list-style-type: none"> <li>• Follows plan copay, deductible and coinsurance options chosen.</li> </ul>	<p><b>Inpatient, groups 50 and under:</b></p> <ul style="list-style-type: none"> <li>• Applies to deductible and 50% coinsurance. Limited to 30 days per plan year.</li> </ul> <p><b>Inpatient, groups over 50:</b></p> <ul style="list-style-type: none"> <li>• Follows plan copay, deductible and coinsurance options chosen.</li> </ul>
<p>Prescription Drugs<sup>6</sup> <i>(generic / preferred / non-preferred)</i></p>	<p><b>Copay options:</b> (additional options available)</p> <ul style="list-style-type: none"> <li>• \$15 / \$45 / \$60</li> <li>• \$20 / \$50 / \$75</li> <li>• \$0 / \$35 / \$50</li> <li>• \$5 / \$65 / \$100<sup>3</sup></li> <li>• \$20 / \$65 / \$100<sup>3</sup></li> <li>• Ded. then \$20 / \$50 / \$75<sup>3,4</sup></li> </ul>	<p><b>Non-copay options:</b></p> <ul style="list-style-type: none"> <li>• Apply to deductible and coinsurance<sup>7</sup></li> <li>• 50% / 50% coinsurance option</li> </ul>
<p>Teladoc® <i>Included on all plan designs</i></p>	<p>Consultations at no additional cost to members with non-HSA plans. HSA plans have a \$55 consultation fee. Fee applies to deductible and out-of-pocket maximums.</p>	
<p>Accident Medical Expense <i>Optional benefit</i></p>	<ul style="list-style-type: none"> <li>• \$500</li> <li>• \$1,000</li> </ul>	

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