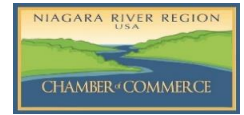


## Individual Plans - January - December, 2023



|  | Platinum Standard | Platinum POS Plus | Gold Standard           | Gold POS 200          | Gold Destination 65      | Silver Standard           | Silver POS 7000              | Silver Destination 65    | Bronze Standard HSA            | Bronze POS 8000              |
|--|-------------------|-------------------|-------------------------|-----------------------|--------------------------|---------------------------|------------------------------|--------------------------|--------------------------------|------------------------------|
| <b>Individual</b>  | \$986.25          | \$895.47          | \$811.06                | \$736.65              | \$786.25                 | \$633.36                  | \$575.53                     | \$614.08                 | \$469.89                       | \$427.37                     |
| <b>Individual w/Spouse</b>   | \$1,957.50        | \$1,775.94        | \$1,607.12              | \$1,458.30            | \$1,557.50               | \$1,251.72                | \$1,136.06                   | \$1,213.07               | \$924.78                       | \$839.74                     |
| <b>Individual/Child(ren)</b>   | \$1,666.13        | \$1,511.80        | \$1,368.30              | \$1,241.81            | \$1,326.13               | \$1,066.21                | \$967.90                     | \$1,033.44               | \$788.31                       | \$716.03                     |
| <b>Family</b>  | \$2,783.07        | \$2,524.33        | \$2,283.77              | \$2,071.71            | \$2,213.07               | \$1,777.33                | \$1,612.51                   | \$1,722.39               | \$1,311.44                     | \$1,190.25                   |
| <b>In- Network</b>   |                   |                   |                         |                       |                          |                           |                              |                          |                                |                              |
| <b>Deductible</b>  | \$0               | \$0               | \$600/\$1,200           | \$1,200/\$2,400       | \$1,000/\$2,000          | \$1,750/\$3,500           | \$3,000/\$6,000              | \$2,500/\$5,000          | \$6,100/\$12,200               | \$8,500/\$17,000             |
| <b>Out of Pocket Max</b>   | \$2,000/\$4,000   | \$6,500/\$13,000  | \$4,750/\$9,500         | \$9,100/\$18,200      | \$9,100/\$18,200         | \$9,100/\$18,200          | \$7,000/\$14,000             | \$9,100/\$18,200         | \$6,900/\$13,800               | \$9,100/\$18,200             |
| <b>Out-Of-Network</b>  |                   |                   |                         |                       |                          |                           |                              |                          |                                |                              |
| <b>Deductible</b>  | \$10,000/\$20,000 | \$10,000/\$20,000 | \$10,000/\$20,000       | \$10,000/\$20,000     | \$10,000/\$20,000        | \$10,000/\$20,000         | \$10,000/\$20,000            | \$10,000/\$20,000        | \$10,000/\$20,000              | \$10,000/\$20,000            |
| <b>Out of Pocket Max</b>   | \$20,000/\$40,000 | \$20,000/\$40,000 | \$20,000/\$40,000       | \$20,000/\$40,000     | \$20,000/\$40,000        | \$20,000/\$40,000         | \$20,000/\$40,000            | \$20,000/\$40,000        | \$20,000/\$40,000              | \$20,000/\$40,000            |
| <b>Primary</b>   | \$15              | \$10              | Deductible then \$25    | Deductible then \$20  | Deductible then \$0      | Deductible then \$30      | Deductible then \$30         | Deductible then \$0      | Deductible then 50%            | Deductible then 50%          |
| <b>Specialist</b>  | \$35              | \$30              | Deductible then \$40    | Deductible then \$40  | Deductible then \$30     | Deductible then \$65      | Deductible then \$50         | Deductible then \$30     | Deductible then 50%            | Deductible then 50%          |
| <b>Outpatient Mental Health &amp; Substance Abuse</b>                      | \$15              | \$10              | Deductible then \$25    | Deductible then \$20  | Deductible then \$0      | Deductible then \$30      | Deductible then \$30         | Deductible then \$0      | Deductible then 50%            | Deductible then 50%          |
| <b>Speech, Physical &amp; Occupational Therapy &amp; Chiropractic Care</b> | \$25              | \$10              | Deductible then \$30    | Deductible then \$20  | Deductible then \$0      | Deductible then \$30      | Deductible then \$30         | Deductible then \$0      | Deductible then 50%            | Deductible then 50%          |
| <b>Laboratory &amp; X-Ray Services</b>                                     | \$35              | \$20              | Deductible then \$40    | Deductible then \$40  | Deductible then \$0/\$75 | Deductible then \$65/\$75 | Deductible then \$50         | Deductible then \$0/\$75 | Deductible then 50%            | Deductible then 50%          |
| <b>Urgent Care</b>   | \$55              | \$40              | Deductible then \$60    | Deductible then \$50  | Deductible then \$60     | Deductible then \$70      | Deductible then \$75         | Deductible then \$60     | Deductible then 50%            | Deductible then 50%          |
| <b>Emergency Care</b>  | \$100             | \$300             | Deductible then \$150   | Deductible then \$300 | Deductible then \$95     | Deductible then \$500     | Deductible then \$300        | Deductible then \$95     | Deductible then 50%            | Deductible then 50%          |
| <b>Inpatient Hospital</b>  | \$500             | \$500             | Deductible then \$1,000 | Deductible then \$750 | Deductible then \$335    | Deductible then \$1,500   | Deductible then \$1,000      | Deductible then \$395    | Deductible then 50%            | Deductible then 50%          |
| <b>Prescription Drugs</b>  | \$10/\$30/\$60    | \$5/\$30/50%      | \$10/\$35/\$70          | \$5/\$40/50%          | \$5/\$50/50%             | \$15/\$40/\$75            | Deductible then \$5/\$50/50% | \$15/\$50/50%            | Deductible then \$10/\$35/\$70 | Deductible then \$15/50%/50% |
| <b>HSA-Eligible</b>  | Not Eligible      | Not Eligible      | Not Eligible            | Not Eligible          | Not Eligible             | Not Eligible              | Eligible                     | Not Eligible             | Eligible                       | Eligible                     |