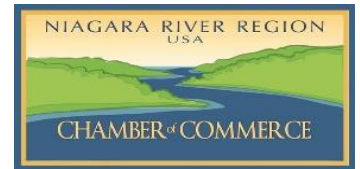


Individual Plans - January - December, 2022



	Platinum Standard	Platinum POS Plus	Gold Standard	Gold POS 200	Gold Destination 65	Silver Standard	Silver POS 700	Silver Destination 65	Bronze Standard	Bronze POS 8000
Rates										
Individual	\$925.08	\$824.20	\$760.92	\$678.24	\$734.53	\$594.48	\$530.23	\$573.97	\$441.24	\$394.00
Individual w/Spouse/Dom	\$1,835.16	\$1,633.40	\$1,506.84	\$1,341.48	\$1,454.06	\$1,173.96	\$1,045.46	\$1,132.94	\$867.48	\$773.00
Individual/Child(ren)	\$1,562.14	\$1,390.64	\$1,283.06	\$1,142.51	\$1,238.20	\$1,000.12	\$890.89	\$965.25	\$739.61	\$659.30
Family	\$2,608.73	\$2,321.22	\$2,130.87	\$1,905.23	\$2,065.66	\$1,666.52	\$1,483.41	\$1,608.06	\$1,229.78	\$1,095.15
In- Network										
Deductible	\$0	\$0	\$600/\$1,200 - E	\$800/\$1,600 - E	\$500/\$1,000 - E	\$1,300/\$2,600 - E	\$2,500/\$5,000 - T	\$1,600/\$3,200 - E	\$4,700/\$9,400 - E	\$8,000/\$16,000 - E
Out of Pocket Maximum	\$2,000/\$4,000 - E	\$6,000/\$12,000 - E	\$4,000/\$8,000 - E	\$8,150/\$16,300 - E	\$6,000/\$12,000 - E	\$8,500/\$17,000 - E	\$6,000/\$12,000 - E	\$8,550/\$17,100 - E	\$8,550/\$17,100 - E	\$8,150/\$16,300 - E
Out-Of-Network										
Deductible	\$5,000/\$10,000 - E	\$5,000/\$10,000 - E	\$5,000/\$10,000 - E	\$5,000/\$10,000 - E	N/C	\$5,000/\$10,000 - E	\$5,000/\$10,000 - E	N/C	\$5,000/\$10,000 - E	\$8,150/\$16,300 - E
Out of Pocket Maximum	\$10,000/\$20,000 - E	\$10,000/\$20,000 - E	\$10,000/\$20,000 - E	\$10,000/\$20,000 - E	N/C	\$10,000/\$20,000 - E	\$10,000/\$20,000 - E	N/C	\$10,000/\$20,000 - E	\$10,000/\$20,000 - E
Medical Services										
Primary	\$15	\$10	Deductible then \$25	Deductible then \$20	Deductible then \$10	Deductible then \$30	Deductible then \$30	Deductible then \$15	Deductible then \$50	Deductible then 50%
Specialist	\$35	\$20	Deductible then \$40	Deductible then \$40	Deductible then \$30	Deductible then \$50	Deductible then \$50	Deductible then \$35	Deductible then \$75	Deductible then 50%
Laboratory Services	\$35	\$20	Deductible then \$40	Deductible then \$40	Deductible then \$10	Deductible then \$50	Deductible then \$50	Deductible then \$0	Deductible then \$50	Deductible then 50%
Telemedicine	\$0	\$0	Deductible then \$0	\$0	\$0	Deductible then \$0	Deductible then \$0	\$0	Deductible then \$0	\$0

Individual Plans - January - December, 2022



	Platinum Standard	Platinum POS Plus	Gold Standard	Gold POS 200	Gold Destination 65	Silver Standard	Silver POS 700	Silver Destination 65	Bronze Standard	Bronze POS 8000
Rates										
Individual	\$925.08	\$824.20	\$760.92	\$678.24	\$734.53	\$594.48	\$530.23	\$573.97	\$441.24	\$394.00
Individual w/Spouse/Dom	\$1,835.16	\$1,633.40	\$1,506.84	\$1,341.48	\$1,454.06	\$1,173.96	\$1,045.46	\$1,132.94	\$867.48	\$773.00
Individual/Child(ren)	\$1,562.14	\$1,390.64	\$1,283.06	\$1,142.51	\$1,238.20	\$1,000.12	\$890.89	\$965.25	\$739.61	\$659.30
Family	\$2,608.73	\$2,321.22	\$2,130.87	\$1,905.23	\$2,065.66	\$1,666.52	\$1,483.41	\$1,608.06	\$1,229.78	\$1,095.15
Prescription Drugs										
Tier1/Tier2/Tier3	\$10/\$30/\$60	\$5/\$20/50%	\$10/\$35/\$70	\$5/\$40/50%	\$5/\$50/50%	\$10/\$35/\$70	Deductible then \$5/\$50/50%	Deductible then \$15/\$50/50%	Deductible then \$10/\$35/\$70	Deductible then \$15/50%/50%
Inpatient/Outpatient Services										
Inpatient Hospital (per admission)	\$500	\$500	Deductible then \$1,000	Deductible then \$750	Deductible then \$290 per day for 5 days	Deductible then \$1,500	Deductible then \$1,000	Deductible then \$360 per day for 5 days	Deductible then \$1,500	Deductible then 50%
Outpatient Facility Fee	\$100	\$100	Deductible then \$100	Deductible then \$150	Deductible then \$300	Deductible then \$150	Deductible then \$200	Deductible then \$350	Deductible then \$150	Deductible then 50%
Emergency Room/Ambulance	\$100	\$300	Deductible then \$150	Deductible then \$300	Deductible then \$90	Deductible then \$300/\$150	Deductible then \$300	Deductible then \$90	Deductible then \$500/\$300	Deductible then 50%
Urgent Care	\$55	\$40	Deductible then \$60	Deductible then \$50	Deductible then \$65	Deductible then \$70	Deductible then \$75	Deductible then \$65	Deductible then \$75	Deductible then 50%
X-Rays	\$35	\$20	Deductible then \$40	Deductible then \$40	Deductible then \$50	Deductible then \$75	Deductible then \$50	Deductible then \$50	Deductible then \$75	Deductible then 50%
Advanced radiology (CT, PET Scans, MRI)	\$35	\$20	Deductible then \$40	Deductible then \$40	Deductible then \$200	Deductible then \$75	Deductible then \$50	Deductible then \$200	Deductible then \$175	Deductible then 50%
Diabetic Drugs/Supplies	\$15	\$10	Deductible then \$25	Deductible then \$20	Deductible then \$10	Deductible then \$30	Deductible then \$30	Deductible then \$15	Deductible then \$50	Deductible then 50%
HSA-Eligible	No	No	No	No	No	No	Yes	No	No	No