

# Small Group Transitional HMO Standard Plan Designs



Plan Name	Deductible (Single / Family)	Coinsurance	Max Out-Of-Pocket (Single / Family)	Office Visit (PCP / Specialty)	Urgent Care	Emergency Room	Hospital Inpatient	Hospital Outpatient	MRI / PET / CAT
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## HMO – HIGH

HMO 20	\$0	0%	\$0	\$20	\$40	\$100	\$0	\$0	\$0
HMO 20 w / 250 IP Copay	\$0	0%	\$0	\$20	\$40	\$100	\$250	\$0	\$50
HMO 20 / 40 w / 250 IP Copay	\$0	0%	\$0	\$20 / \$40	\$40	\$100	\$250	\$0	\$50
HMO 20 / 40 w / 500 IP Copay	\$0	0%	\$0	\$20 / \$40	\$40	\$100	\$500	\$0	\$50
HMO 30	\$0	0%	\$0	\$30	\$60	\$100	\$0	\$0	\$0
HMO 30 w / 250 IP Copay	\$0	0%	\$0	\$30	\$60	\$100	\$250	\$0	\$50
HMO 30 w / 500 IP Copay	\$0	0%	\$0	\$30	\$60	\$100	\$500	\$0	\$50
HMO 30 / 60 w / 250 IP Copay	\$0	0%	\$0	\$30 / \$60	\$60	\$100	\$250	\$0	\$50
HMO 30 / 60 w / 500 IP Copay	\$0	0%	\$0	\$30 / \$60	\$60	\$100	\$500	\$0	\$50

## HMO – DEDUCTIBLE

HMO 25 / 50 / 500 Deductible Copay Plan	\$500 / \$1,000	20%	\$1,000 / \$2,000	\$25 / \$50	\$50	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 30 / 60 / 500 Deductible Copay Plan	\$500 / \$1,000	20%	\$1,000 / \$2,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 25 / 50 / 1000 Deductible Copay Plan	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	\$25 / \$50	\$50	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 30 / 60 / 1000 Deductible Copay Plan	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 30 / 60 / 1500 Deductible Copay Plan	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 30 / 60 / 2000 Deductible Copay Plan	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 1000 Deductible	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 1500 Deductible	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
HMO 2000 Deductible	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance

## HMO – COINSURANCE

HMO 20 Coinsurance	\$0	20%	\$500 / \$1,000	\$20	\$40	\$100	20% Coinsurance	20% Coinsurance	20% Coinsurance
HMO 20 / 40 Coinsurance	\$0	20%	\$1,000 / \$2,000	\$20 / \$40	\$40	\$100	20% Coinsurance	20% Coinsurance	20% Coinsurance
HMO 30 / 60 Coinsurance	\$0	20%	\$2,000 / \$4,000	\$30 / \$60	\$60	\$100	20% Coinsurance	20% Coinsurance	20% Coinsurance
HMO HSA 1300	\$1,300 / \$2,600	0%	\$1,300 / \$2,600	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
HMO HSA 2500	\$2,500 / \$5,000	0%	\$2,500 / \$5,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
HMO HSA 5000	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible

\* The standard pharmacy benefit for Small Group Transitional is \$10 / \$35 / \$60 / \$100 with the RX Outcomes benefit. The standard pharmacy benefit for True Large is \$10 / \$35 / \$60 / \$200 with the RX Outcomes benefit.

# Small Group Transitional POS Standard Plan Designs



Plan Name		Deductible (Single / Family)	Coinsurance	Max Out-Of-Pocket (Single / Family)	Office Visit (PCP / Specialty)	Urgent Care	Emergency Room	Hospital Inpatient	Hospital Outpatient	MRI / PET / CAT
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## POS

POS 2	In-Network	\$0 / \$0	0%	\$0 / \$0	\$20	\$40	\$100	\$0	\$0	\$0
	Out-of-Network	\$500 / \$1,000	20%	\$1,000 / \$2,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 20 / 40 w / 250 IP Copay	In-Network	\$0 / \$0	0%	\$0 / \$0	\$20 / \$40	\$40	\$100	\$250	\$0	\$50
	Out-of-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 20 / 40 w / 500 IP Copay	In-Network	\$0 / \$0	0%	\$0 / \$0	\$20 / \$40	\$40	\$100	\$500	\$0	\$50
	Out-of-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30	In-Network	\$0 / \$0	0%	\$0 / \$0	\$30	\$60	\$100	\$0	\$0	\$0
	Out-of-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30 w / 500 IP Copay	In-Network	\$0 / \$0	0%	\$0 / \$0	\$30	\$60	\$100	\$500	\$0	\$50
	Out-of-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30 / 60 w / 250 IP Copay	In-Network	\$0 / \$0	0%	\$0 / \$0	\$30 / \$60	\$60	\$100	\$250	\$0	\$50
	Out-of-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30 / 60 w / 500 IP Copay	In-Network	\$0 / \$0	0%	\$0 / \$0	\$30 / \$60	\$60	\$100	\$500	\$0	\$50
	Out-of-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30 / 60 / 500 Deductible Copay Plan	In-Network	\$500 / \$1,000	20%	\$1,000 / \$2,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$1,000 / \$2,000	40%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30 / 60 / 1000	In-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$2,000 / \$4,000	40%	\$4,000 / \$8,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30 / 60 / 1500	In-Network	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$3,000 / \$6,000	40%	\$6,000 / \$12,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 30 / 60 / 2000 Deductible Copay Plan	In-Network	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	\$30 / \$60	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$4,000 / \$8,000	40%	\$8,000 / \$16,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 1000	In-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$2,000 / \$4,000	40%	\$4,000 / \$8,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 1500	In-Network	\$1,500 / \$3,000	20%	\$3,000 / \$6,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$3,000 / \$6,000	40%	\$6,000 / \$12,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS 2000	In-Network	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$4,000 / \$8,000	40%	\$8,000 / \$16,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance

## POS – HSA

POS HSA 1300	In-Network	\$1,300 / \$2,600	0%	\$1,300 / \$2,600	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
	Out-of-Network	\$1,300 / \$2,600	20%	\$1,800 / \$3,600	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS HSA 2500	In-Network	\$2,500 / \$5,000	0%	\$2,500 / \$5,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
	Out-of-Network	\$2,500 / \$5,000	20%	\$3,000 / \$6,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
POS HSA 5000	In-Network	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
	Out-of-Network	\$5,000 / \$10,000	20%	\$5,500 / \$11,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance

\* The standard pharmacy benefit for Small Group Transitional is \$10 / \$35 / \$60 / \$100 with the RX Outcomes benefit. The standard pharmacy benefit for True Large is \$10 / \$35 / \$60 / \$200 with the RX Outcomes benefit.

# Small Group Transitional PPO Standard Plan Designs



Plan Name		Deductible (Single / Family)	Max Coinsurance	Out-Of-Pocket (Single / Family)	Office Visit (PCP / Specialty)	Urgent Care	Emergency Room	Hospital Inpatient	Hospital Outpatient	MRI / PET / CAT
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## PPO

PPO 20	In-Network	\$250 / \$500	20%	\$500 / \$1,000	\$20	\$40	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$500 / \$1,000	40%	\$1,000 / \$2,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
PPO 30	In-Network	\$500 / \$1,000	20%	\$1,000 / \$2,000	\$30	\$60	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$1,000 / \$2,000	40%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	\$100	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
PPO 1000	In-Network	\$1,000 / \$2,000	20%	\$2,000 / \$4,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$2,000 / \$4,000	40%	\$4,000 / \$8,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
PPO 2000	In-Network	\$2,000 / \$4,000	20%	\$4,000 / \$8,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
	Out-of-Network	\$4,000 / \$8,000	40%	\$8,000 / \$16,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance

## PPO – HSA

PPO HSA 2500	In-Network	\$2,500 / \$5,000	0%	\$2,500 / \$5,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
	Out-of-Network	\$2,500 / \$5,000	20%	\$3,000 / \$6,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance
PPO HSA 5000	In-Network	\$5,000 / \$10,000	0%	\$5,000 / \$10,000	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
	Out-of-Network	\$5,000 / \$10,000	20%	\$5,500 / \$11,000	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then Coinsurance

\* The standard pharmacy benefit for Small Group Transitional is \$10 / \$35 / \$60 / \$100 with the RX Outcomes benefit. The standard pharmacy benefit for True Large is \$10 / \$35 / \$60 / \$200 with the RX Outcomes benefit.