



Minimum Value Base HSA Plan

Benefit Highlights

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Plan Coinsurance	Covered 100%	80%
Deductible	\$6,000 Individual \$12,000 Family	\$7,000 Individual \$14,000 Family
Out of Pocket Maximum	\$6,450 Individual \$12,900 Family	\$7,500 Individual \$15,000 Family
Retail Pharmacy	\$20/\$35/\$50; after deductible	80%
PCP Office Visit	100%; after deductible	80%; after deductible
Specialist Office Visit	100%; after deductible	80%; after deductible
Inpatient Hospital	100%; after deductible	80%; after deductible
Outpatient Hospital Expenses	100%; after deductible	80%; after deductible
Emergency Room	100%; after deductible	100%; after deductible
Urgent Care Provider	100%; after deductible	80%; after deductible
Diagnostic Outpatient Complex Imaging	100%; after deductible	80%; after deductible
Diagnostic X-ray & Laboratory	100%; after deductible	80%; after deductible
Spinal Manipulation Therapy	100%; after deductible	80%; after deductible

Age and frequency schedules apply to certain benefits. Some benefits may have applicable state mandates and all plans will comply with state and federal legislations. The plan pays 100% after applicable copay(s).

Federal Behavioral Health Parity applies.