

Plan Name	Select 500	Select 750	Select 1500
	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.
100% Benefits <i>HDHP must pay deductible</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>
Individual Deductible	\$500	\$750	\$1,500
Individual out-of-pocket Maximum <i>Includes deductibles and copays</i>	\$3,500	\$3,750	\$4,500
Family Deductible	3 individual deductibles must be satisfied per family.	3 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
Family out-of-pocket Maximum <i>Includes deductibles and copays. Individual family member is embedded</i>	\$10,500	\$11,250	\$10,500
Coinsurance Percentage <i>Unless another percentage is stated</i>	The Plan pays 80%, the participant pays 20%	The Plan pays 80%, the participant pays 20%	The Plan pays 80%, the participant pays 20%
Physician's Office Visit Copay	\$15	\$25	\$25
Urgent Care Visit Copay	\$15	\$25	\$25
Emergency Room <i>Charges may be waived if accident or life threatening</i>	\$100 Then subject to deductible and coinsurance.	\$100 Then subject to deductible and coinsurance.	\$100 Then subject to deductible and coinsurance.
Surgical Procedures <i>Covered at 100% when a Premier Provider is used</i>	\$300 Then subject to deductible and coinsurance.	\$300 Then subject to deductible and coinsurance.	\$300 Then subject to deductible and coinsurance.
Pre-Certification Requirement	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Copay <i>Covered at 100% if LabCard provider is used</i>	The Plan pays 80%, the participant pays 20%. Deductible waived.	The Plan pays 80%, the participant pays 20%. Deductible waived.	The Plan pays 80%, the participant pays 20%. Deductible waived.
Diagnostic Imaging <i>Covered at 100% if oneallcare or Premier Provider is used</i>	After deductible, the Plan pays 80%, the participant pays 20%	After deductible, the Plan pays 80%, the participant pays 20%	After deductible, the Plan pays 80%, the participant pays 20%
Pharmacy General Benefits <i>In-network only</i> <i>Walgreens is non-covered</i>	Generic - \$10 Name Brand \$45 <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>	Generic - \$10 Name Brand \$45 <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>	Generic - \$10 Name Brand \$45 <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>
Pharmacy Therapeutic Alternatives <i>Specific Name Brand RX</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	50% <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>	50% <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>	50% <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>
Pharmacy OTC Benefit <i>100% Over the Counter Benefit</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	\$0 <i>Certain over the counter drugs at NO COST. 102 day supply of an OTC drug when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at advantagehealthplans.com</i>	\$0 <i>Certain over the counter drugs at NO COST. 102 day supply of an OTC drug when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at advantagehealthplans.com</i>	\$0 <i>Certain over the counter drugs at NO COST. 102 day supply of an OTC drug when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at advantagehealthplans.com</i>
Pharmacy Specialty Benefits <i>Specialty Drugs</i> <i>Specialty Pharmacy Mandatory</i>	\$150 copay <i>Specialty Pharmacy must be used.</i> <i>Contact Script Care Specialty Pharmacy at (866) 443-1991</i>	\$150 copay <i>Specialty Pharmacy must be used.</i> <i>Contact Script Care Specialty Pharmacy at (866) 443-1991</i>	\$150 copay <i>Specialty Pharmacy must be used.</i> <i>Contact Script Care Specialty Pharmacy at (866) 443-1991</i>
Pharmacy Maintenance Benefits <i>Maintenance Drugs</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	Generic - \$10 Name Brand - \$90 <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy.</i>	Generic - \$10 Name Brand - \$90 <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy.</i>	Generic - \$10 Name Brand - \$90 <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy.</i>

Plan Name	Value 750	Value 1500	Value 2000
	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.
100% Benefits <i>HDHP must pay deductible</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>
Individual Deductible	\$750	\$1,500	\$2,000
Individual out-of-pocket Maximum <i>Includes deductibles and copays</i>	\$5,750	\$6,500	\$7,000
Family Deductible	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.	2 individual deductibles must be satisfied per family.
Family out-of-pocket Maximum <i>Includes deductibles and copays. Individual family member is embedded</i>	\$11,500	\$13,000	\$14,000
Coinsurance Percentage <i>Unless another percentage is stated</i>	The Plan pays 70%, the participant pays 30%	The Plan pays 70%, the participant pays 30%	The Plan pays 70%, the participant pays 30%
Physician's Office Visit Copay	\$35	\$35	\$35
Urgent Care Visit Copay	\$35	\$35	\$35
Emergency Room <i>Charges may be waived if accident or life threatening</i>	\$200 Then subject to deductible and coinsurance.	\$200 Then subject to deductible and coinsurance.	\$200 Then subject to deductible and coinsurance.
Surgical Procedures <i>Covered at 100% when a Premier Provider is used</i>	\$300 Then subject to deductible and coinsurance.	\$300 Then subject to deductible and coinsurance.	\$300 Then subject to deductible and coinsurance.
Pre-Certification Requirement	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Copay <i>Covered at 100% if LabCard provider is used</i>	The Plan pays 70%, the participant pays 30%. Deductible waived.	The Plan pays 70%, the participant pays 30%. Deductible waived.	The Plan pays 70%, the participant pays 30%. Deductible waived.
Diagnostic Imaging <i>Covered at 100% if oneallcare or Premier Provider is used</i>	After deductible, the Plan pays 70%, the participant pays 30%	The Plan pays 70%, the participant pays 30%.	After deductible, the Plan pays 70%, the participant pays 30%
Pharmacy General Benefits <i>In-network only</i> <i>Walgreens is non-covered</i>	Generic - \$15 Name Brand \$55 <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>	Generic - \$15 Name Brand \$55 <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>	Generic - \$15 Name Brand \$55 <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>
Pharmacy Therapeutic Alternatives <i>Specific Name Brand RX</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	50% <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>	50% <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>	50% <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>
Pharmacy OTC Benefit <i>100% Over the Counter Benefit</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	\$0 <i>Certain over the counter drugs at NO COST. 102 day supply of an OTC drug when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at advantagehealthplans.com</i>	\$0 <i>Certain over the counter drugs at NO COST. 102 day supply of an OTC drug when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at advantagehealthplans.com</i>	\$0 <i>Certain over the counter drugs at NO COST. 102 day supply of an OTC drug when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at advantagehealthplans.com</i>
Pharmacy Specialty Benefits <i>Specialty Drugs</i> <i>Specialty Pharmacy Mandatory</i>	\$150 copay <i>Specialty Pharmacy must be used.</i> <i>Contact Script Care Specialty Pharmacy at (866) 443-1991</i>	\$150 copay <i>Specialty Pharmacy must be used.</i> <i>Contact Script Care Specialty Pharmacy at (866) 443-1991</i>	\$150 copay <i>Specialty Pharmacy must be used.</i> <i>Contact Script Care Specialty Pharmacy at (866) 443-1991</i>
Pharmacy Maintenance Benefits <i>Maintenance Drugs</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	Generic - \$30 Name Brand - \$110 <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available through Mail Order.</i>	Generic - \$30 Name Brand - \$110 <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available through Mail Order.</i>	Generic - \$30 Name Brand - \$110 <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available through Mail Order.</i>

Plan Name	HDHP 2500	Consumer Plan 3500 Plus	Minimum Value Plan (MVP)
	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.	In-network and out-of-network benefits are the same for medical services unless otherwise noted. Out-of-network claims are held to a 120% of Medicare for physician and 150% of Medicare for facility/hospital. Out-of-network pharmacy is not covered. Out-of-network preventive services not covered at 100% and may have copays or coinsurance.
100% Benefits <i>HDHP must pay deductible</i>	100% Benefits Available after Deductible Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>	100% Benefits Available: Advantage Premier Providers LabCard onecallcare Management Over the Counter Medications <i>Call us or visit advantagehealthplans.com to learn more!</i>
Individual Deductible	\$2,500	\$3,500	\$7,150
Individual out-of-pocket Maximum <i>Includes deductibles and copays</i>	\$5,000	\$7,150	\$7,150
Family Deductible	\$5,000 <i>Embedded deductible for a family member is \$2,600</i>	\$7,000 aggregate <i>Embedded deductible for family member is \$3,500</i>	\$14,300 aggregate <i>Embedded deductible for family member is \$7,150</i>
Family out-of-pocket Maximum <i>Includes deductibles and copays. Individual family member is embedded</i>	\$10,000	\$14,300 aggregate	\$14,300 aggregate
Coinsurance Percentage <i>Unless another percentage is stated</i>	The Plan pays 80%, the participant pays 20%	The Plan pays 80%, the participant pays 20%	After deductible, the Plan pays 100% of covered charges.
Physician's Office Visit Copay	After deductible, the Plan pays 80%, the participant pays 20%	\$25	After deductible, the Plan pays 100% of covered charges.
Urgent Care Visit Copay	After deductible, the Plan pays 80%, the participant pays 20%	\$25	After deductible, the Plan pays 100% of covered charges.
Emergency Room <i>Charges may be waived if accident or life threatening</i>	After deductible, the Plan pays 80%, the participant pays 20%.	\$100 Then subject to deductible and coinsurance.	After deductible, the Plan pays 100% of covered charges.
Surgical Procedures <i>Covered at 100% when a Premier Provider is used</i>	After deductible, the Plan pays 80%, the participant pays 20%. After deductible, 100% if a Premier Provider is used.	\$300 Then subject to deductible and coinsurance.	After deductible, the Plan pays 100% of covered charges.
Pre-Certification Requirement	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.	Pre-certification of all in-patient confinements, out-patient surgeries, and sleep studies is required. This is the patient's responsibility.
Laboratory Copay <i>Covered at 100% if LabCard provider is used</i>	After deductible, the Plan pays 80%, the participant pays 20%.	After deductible, the Plan pays 80%, the participant pays 20%.	After deductible, the Plan pays 100% of covered charges.
Diagnostic Imaging <i>Covered at 100% if oneallcare or Premier Provider is used</i>	After deductible, the Plan pays 80%, the participant pays 20%	After deductible, the Plan pays 80%, the participant pays 20%	After deductible, the Plan pays 100% of covered charges.
Pharmacy General Benefits <i>In-network only</i> <i>Walgreens is non-covered</i>	Generic - After deductible, 10% co-pay Name Brand - After deductible, 20% co-pay <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>	Generic - \$10 Name Brand \$45 <i>If you select a brand name drug when a generic drug is available, you pay the co-pay PLUS the difference in cost between the generic and the brand name drug. Walgreens is non-covered.</i>	After deductible, the Plan pays 100% of covered charges. <i>Walgreens is non-covered.</i>
Pharmacy Therapeutic Alternatives <i>Specific Name Brand RX</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	After deductible, 50% copay <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>	50% <i>There are specific Name Brand prescriptions that have a therapeutic alternative. If you choose one of these drugs, the co-pay will be 50% of the drug cost. Refer to the Therapeutic Alternative Drug list at advantagehealthplans.com</i>	After deductible, the Plan pays 100% of covered charges.
Pharmacy OTC Benefit <i>100% Over the Counter Benefit</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	After deductible, \$0 copay <i>AFTER your deductible is met, you can receive a 102 day supply of an OTC drug for \$0 when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at www.advantagehealthplans.com</i>	\$0 <i>Certain over the counter drugs at NO COST. 102 day supply of an OTC drug when your physician prescribes an OTC drug in lieu of a prescription drug. Refer to the OTC Drug List at advantagehealthplans.com</i>	After deductible, the Plan pays 100% of covered charges.
Pharmacy Specialty Benefits <i>Specialty Drugs</i> <i>Specialty Pharmacy Mandatory</i>	After deductible is met, 10% Generic co-pay, 20% Name Brand. <i>Specialty Pharmacy must be used. Contact Script Care Specialty Pharmacy at (866) 443-1991</i>	\$150 copay <i>Specialty Pharmacy must be used. Contact Script Care Specialty Pharmacy at (866) 443-1991</i>	After deductible, the Plan pays 100% of covered charges. <i>Specialty Pharmacy must be used. Contact Script Care Specialty Pharmacy at (866) 443-1991</i>
Pharmacy Maintenance Benefits <i>Maintenance Drugs</i> <i>In-network only</i> <i>Walgreens is non-covered</i>	After deductible is met, 10% Generic co-pay, 20% Name Brand. <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy.</i>	Generic - \$10 Name Brand - \$90 <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy.</i>	After deductible, the Plan pays 100% of covered charges. <i>A 102 day supply of covered drugs that appear on the Maintenance Drug list is available at your local pharmacy.</i>