For groups 1-50 Effective dates starting 1/1/20

HDHP PLANS

PPO, NPOS, and HMO PLANS – HDHPs offer members lower monthly premiums in exchange for taking on more of the share of healthcare costs, which they can pay using spending accounts. All in-network preventives ervices, such as annual exams and flus hots, are covered at 100% with no copayment. For all other in-network covered services, members pay until the deductible is met, then pay coinsurance. HDHPs are the only plans eligible for Health Savings Accounts (HSA), which use pre-tax dollars to give members more of their paycheck to put toward out-of-pocket costs, and can help save for high-cost events like surgeries. All out-of-pocket costs, including prescription drugs, count toward the individual and family deductible, as well as the out-of-pocket limit that helps protect members' total annual spending.

If you use IN-NETWORK providers

Option	Metallic tier	Coinsurance		Deductible		Out-of-pocket limit					
						In-network		Out-of-network		Pharmacy	Other services
		In	Out	Individual	Family	Individual	Family	Individual	Family		
1	Gold	100%	70%	\$2,800	\$5,600	\$2,800	\$5,600	\$10,900	\$21,800	Coinsurance after deductible	Coinsurance after deductible
2	Silver	100%	70%	\$4,500	\$9,000	\$4,500	\$9,000	\$16,000	\$32,000	Coinsurance after deductible	Coinsurance after deductible
3	Bronze	100%	70%	\$6,750	\$13,500	\$6,750	\$13,500	\$22,750	\$45,500	Coinsurance after deductible	Coinsurance after deductible
4	Silver	80%	60%	\$3,000	\$6,000	\$6,000	\$12,000	\$18,000	\$36,000	Coinsurance after deductible	Coinsurance after deductible
5	Silver	80%	60%	\$3,500	\$7,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
6	Silver	80%	60%	\$4,000	\$8,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
7	Bronze	80%	60%	\$5,500	\$11,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
8	Bronze	70%	60%	\$5,500	\$11,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
91	Bronze	60%	60%	\$5,000	\$10,000	\$6,750	\$13,500	\$20,250	\$40,500	Coinsurance after deductible	Coinsurance after deductible
10 ²	Bronze	50%	N/A	\$4,500	\$9,000	\$6,750	\$13,500	N/A	N/A	Coinsurance after deductible	Coinsurance after deductible
11 ²	Bronze	50%	N/A	\$3,500	\$7,000	\$6,750	\$13,500	N/A	N/A	Coinsurance after deductible	Coinsurance after deductible
12 ²	Bronze	50%	N/A	\$5,000	\$10,000	\$6,750	\$13,500	N/A	N/A	Coinsurance after deductible	Coinsurance after deductible

⁽¹⁾ This option is available only on the ChoicCare PPO and National POS networks.

GAHKJ9UEN 0819 Page **6** of **22**

⁽²⁾ These options are available only on the HMO Premier and HMOx networks.