



Selected products

You have selected the products and packages below.

These products and rates are based on the effective date: 01/01/2017

HDEPO Qualified 421 Bronze		\$405.33
Cost Details		
Coverage level		
Individual		\$405.33
Employee and Spouse		\$810.66
Employee and Children		\$689.06
Employee and Family		\$1,155.19
Plan Details		
Attribute		In-Network
Office Visit - PCP/Specialist		Deductible then 0%/0%
Prescription Drug - Tier1/Tier2/Tier3		Deductible then 0%/0%/0%
In Network Deductible - Single/Family		\$6,550/\$13,100
In Network OOP Max - Single/Family		\$6,550/\$13,100
Deductible Type		AGGREGATE
Inpatient Facility		Deductible then 0%

Attribute	In-Network
Outpatient Surgery	Deductible then 0%
Diagnostic Radiology Services	Covered (see plan documents for details)
Laboratory Services	Covered (see plan documents for details)
Emergency Room	Deductible then 0% (waive if admitted)
Urgent Care	Deductible then 0%
Durable Medical Equipment (DME)	Deductible then 0%
Medications Administered in office (PCP/Specialist/Outpatient Facility)	Deductible then 0% Coinsurance
Diabetic Services	Covered (see plan documents for details)
Vision Exam Routine - Adult/Child	Deductible then Covered in full/Deductible then Covered in full
Embrace Health Bonus Account	N/A
Life Points	Included (Up to \$180 per contract)
Attribute	Plan Coverage Options
Domestic Partner Coverage	Included
Skilled Nursing Facility 365-Day Coverage Extension	Included
Dependent through Age 29 Coverage	Not Included
Attribute	General Plan Information
Qualified	Yes
Metal Tier	BRONZE
Plan Type	deductibleCoins
Product	HD
Plan Code	421
Product Class	COMMERCIAL

Attribute	General Plan Information
CDPHP Plan Type	HDEPO
Standard Plan	No

EPO Hybrid 322 Silver		\$525.47
Cost Details		
Coverage level		
Individual		\$525.47
Employee and Spouse		\$1,050.94
Employee and Children		\$893.30
Employee and Family		\$1,497.59
Plan Details		
Attribute		In-Network
Office Visit - PCP/Specialist		\$40/\$60
Prescription Drug - Tier1/Tier2/Tier3		\$10/\$50/50%
In Network Deductible - Single/Family		\$2,000/\$4,000
In Network OOP Max - Single/Family		\$7,150/\$14,300
Deductible Type		EMBEDDED
Inpatient Facility		Deductible then 20%
Outpatient Surgery		Deductible then 20%
Diagnostic Radiology Services		Covered (see plan documents for details)
Laboratory Services		Covered (see plan documents for details)
Emergency Room		Deductible then 20% (waive if admitted)

Attribute	In-Network
Urgent Care	\$70
Durable Medical Equipment (DME)	50%
Medications Administered in office (PCP/Specialist/Outpatient Facility)	20%/20%/Deductible then 20%
Diabetic Services	Covered (see plan documents for details)
Vision Exam Routine - Adult/Child	\$60 Copayment/\$40 Copayment
Embrace Health Bonus Account	N/A
Life Points	Included (Up to \$180 per contract)
Attribute	Plan Coverage Options
Domestic Partner Coverage	Included
Skilled Nursing Facility 365-Day Coverage Extension	Included
Dependent through Age 29 Coverage	Not Included
Attribute	General Plan Information
Qualified	No
Metal Tier	SILVER
Plan Type	transitional
Product	EPO
Plan Code	322
Product Class	COMMERCIAL
CDPHP Plan Type	Hybrid EPO
Standard Plan	No

HDEPO Qualified 320 Silver

\$528.18

Cost Details

Coverage level	
Individual	\$528.18
Employee and Spouse	\$1,056.36
Employee and Children	\$897.91
Employee and Family	\$1,505.31

Plan Details

Attribute	In-Network
Office Visit - PCP/Specialist	Deductible then \$30/\$40
Prescription Drug - Tier1/Tier2/Tier3	Deductible then \$10/50%/50%
In Network Deductible - Single/Family	\$1,750/\$3,500
In Network OOP Max - Single/Family	\$6,550/\$13,100
Deductible Type	AGGREGATE
Inpatient Facility	Deductible then \$750
Outpatient Surgery	Deductible then \$150
Diagnostic Radiology Services	Covered (see plan documents for details)
Laboratory Services	Covered (see plan documents for details)
Emergency Room	Deductible then \$150 (waive if admitted)
Urgent Care	Deductible then \$50
Durable Medical Equipment (DME)	Deductible then 50%
Medications Administered in office (PCP/Specialist/Outpatient Facility)	Deductible then 20% Coinsurance
Diabetic Services	Covered (see plan documents for details)

Attribute	In-Network
Vision Exam Routine - Adult/Child	Deductible then \$40 Copayment/Deductible then \$30 Copayment
Embrace Health Bonus Account	N/A
Life Points	Included (Up to \$180 per contract)
Attribute	Plan Coverage Options
Domestic Partner Coverage	Included
Skilled Nursing Facility 365-Day Coverage Extension	Included
Dependent through Age 29 Coverage	Not Included
Attribute	General Plan Information
Qualified	Yes
Metal Tier	SILVER
Plan Type	copayDeductible
Product	HD
Plan Code	320
Product Class	COMMERCIAL
CDPHP Plan Type	HDEPO
Standard Plan	No

EPO Copayment 200 Gold Standard		\$638.24
Cost Details		
Coverage level		
Individual	\$638.24	

Coverage level	
Employee and Spouse	\$1,276.48
Employee and Children	\$1,085.01
Employee and Family	\$1,818.98
Plan Details	
Attribute	In-Network
Office Visit - PCP/Specialist	Deductible then \$25/\$40
Prescription Drug - Tier1/Tier2/Tier3	\$10/\$35/\$70
In Network Deductible - Single/Family	\$600/\$1,200
In Network OOP Max - Single/Family	\$4,000/\$8,000
Deductible Type	EMBEDDED
Inpatient Facility	Deductible then \$1,000
Outpatient Surgery	Deductible then \$100
Diagnostic Radiology Services	Covered (see plan documents for details)
Laboratory Services	Covered (see plan documents for details)
Emergency Room	Deductible then \$150 (waive if admitted)
Urgent Care	Deductible then \$60
Durable Medical Equipment (DME)	Deductible then 20%
Medications Administered in office (PCP/Specialist/Outpatient Facility)	Deductible then \$0/\$0/\$25
Diabetic Services	Covered (see plan documents for details)
Vision Exam Routine - Adult/Child	Not Covered/Deductible then \$25 Copayment
Embrace Health Bonus Account	N/A
Life Points	Included (Up to \$180 per contract)
Attribute	Plan Coverage Options

Attribute	Plan Coverage Options
Domestic Partner Coverage	Included
Skilled Nursing Facility 365-Day Coverage Extension	Included
Dependent through Age 29 Coverage	Not Included
Attribute	General Plan Information
Qualified	No
Metal Tier	GOLD
Plan Type	copayDeductible
Product	EPO
Plan Code	200
Product Class	STANDARD
CDPHP Plan Type	EPO
Standard Plan	Yes

Embrace Health EPO Copayment 221 Gold		\$638.63
Cost Details		
Coverage level		
Individual		\$638.63
Employee and Spouse		\$1,277.26
Employee and Children		\$1,085.67
Employee and Family		\$1,820.10
Plan Details		

Attribute	In-Network
Office Visit - PCP/Specialist	Deductible then \$30/\$50
Prescription Drug - Tier1/Tier2/Tier3	\$10/\$50/\$80
In Network Deductible - Single/Family	\$250/\$500
In Network OOP Max - Single/Family	\$7,150/\$14,300
Deductible Type	EMBEDDED
Inpatient Facility	Deductible then \$1,000
Outpatient Surgery	Deductible then \$100
Diagnostic Radiology Services	Covered (see plan documents for details)
Laboratory Services	Covered (see plan documents for details)
Emergency Room	Deductible then \$100 (waive if admitted)
Urgent Care	Deductible then \$60
Durable Medical Equipment (DME)	50%
Medications Administered in office (PCP/Specialist/Outpatient Facility)	Deductible then 20% Coinsurance
Diabetic Services	Covered (see plan documents for details)
Vision Exam Routine - Adult/Child	Deductible then \$50 Copayment/Deductible then \$30 Copayment
Embrace Health Bonus Account	\$200
Life Points	Included (Up to \$180 per contract)
Attribute	Plan Coverage Options
Domestic Partner Coverage	Included
Skilled Nursing Facility 365-Day Coverage Extension	Included
Dependent through Age 29 Coverage	Not Included
Attribute	General Plan Information


Attribute	General Plan Information
Qualified	No
Metal Tier	GOLD
Plan Type	copayDeductible
Product	EPO
Plan Code	221
Product Class	EMBRACE
CDPHP Plan Type	Embrace Health EPO
Standard Plan	No

EPO Copayment 120 Platinum		\$718.22
Cost Details		
Coverage level		
Individual		\$718.22
Employee and Spouse		\$1,436.44
Employee and Children		\$1,220.97
Employee and Family		\$2,046.93
Plan Details		
Attribute		In-Network
Office Visit - PCP/Specialist		\$15/\$25
Prescription Drug - Tier1/Tier2/Tier3		\$4/\$30/\$60
In Network Deductible - Single/Family		\$0/\$0
In Network OOP Max - Single/Family		\$7,150/\$14,300

Attribute	In-Network
Deductible Type	EMBEDDED
Inpatient Facility	\$750
Outpatient Surgery	\$100
Diagnostic Radiology Services	Covered (see plan documents for details)
Laboratory Services	Covered (see plan documents for details)
Emergency Room	\$100 (waive if admitted)
Urgent Care	\$35
Durable Medical Equipment (DME)	50%
Medications Administered in office (PCP/Specialist/Outpatient Facility)	20% Coinsurance
Diabetic Services	Covered (see plan documents for details)
Vision Exam Routine - Adult/Child	\$25 Copayment/\$15 Copayment
Embrace Health Bonus Account	N/A
Life Points	Included (Up to \$180 per contract)
Attribute	Plan Coverage Options
Domestic Partner Coverage	Included
Skilled Nursing Facility 365-Day Coverage Extension	Included
Dependent through Age 29 Coverage	Not Included
Attribute	General Plan Information
Qualified	No
Metal Tier	PLATINUM
Plan Type	copay
Product	EPO

Attribute	General Plan Information
Plan Code	120
Product Class	COMMERCIAL
CDPHP Plan Type	EPO
Standard Plan	No

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