

All Savers® Alternate Funding Benefit Plan Designs

Texas

Plan Code	Rx ¹²	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10,11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP						
P50030ek0LX	RX1	Choice Plus	\$500	\$1,000	\$1,000	\$2,000	Emb	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P5003060ek0LXi100	RX1	Choice Plus	\$500	\$1,000	\$1,000	\$2,000	Emb	100%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P5003060ek0LX	RX1	Choice Plus	\$500	\$1,000	\$1,000	\$2,000	Emb	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P100030ek0LX	RX2	Choice Plus	\$1,000	\$2,000	\$2,000	\$4,000	Emb	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P10003060ek0LXi100	RX2	Choice Plus	\$1,000	\$2,000	\$2,000	\$4,000	Emb	100%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P10003060ek0LX	RX2	Choice Plus	\$1,000	\$2,000	\$2,000	\$4,000	Emb	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P150030ek0LX	RX2	Choice Plus	\$1,500	\$3,000	\$3,000	\$6,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P150030ek0LXi80	RX2	Choice Plus	\$1,500	\$3,000	\$3,000	\$6,000	Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P15003060ek0LX	RX2	Choice Plus	\$1,500	\$3,000	\$3,000	\$6,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P15003060ek0LXi80	RX2	Choice Plus	\$1,500	\$3,000	\$3,000	\$6,000	Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P200030ek0LX	RX2	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P20003060ek0LX	RX2	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P20004080ek0i80MaxLX	RX2	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Emb	80%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P20004080ek0i50MaxLX	RX2	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Emb	50%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P250030ek0LX	RX2	Choice Plus	\$2,500	\$5,000	\$5,000	\$10,000	Emb	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P25003060ek0LX	RX2	Choice Plus	\$2,500	\$5,000	\$5,000	\$10,000	Emb	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P25004080ek0i80MaxLX	RX2	Choice Plus	\$2,500	\$5,000	\$5,000	\$10,000	Emb	80%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P25004080ek0i50MaxLX	RX2	Choice Plus	\$2,500	\$5,000	\$5,000	\$10,000	Emb	50%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P300030ek0LX	RX2	Choice Plus	\$3,000	\$6,000	\$6,000	\$12,000	Emb	100%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P30003060ek0LX	RX2	Choice Plus	\$3,000	\$6,000	\$6,000	\$12,000	Emb	100%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P30003060ek0i80MaxLX	RX2	Choice Plus	\$3,000	\$6,000	\$6,000	\$12,000	Emb	80%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P30003060ek0i50MaxLX	RX2	Choice Plus	\$3,000	\$6,000	\$6,000	\$12,000	Emb	50%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Traditional: This category of plans, except for HSA, is also available in the non-LX version with the minor lab/X-ray benefit covered at 100 percent coinsurance.

PPO These plans are also available on the CORE network.



Plan Code	Rx ¹²	Network ⁹	Deductible					Coinsurance		Out-of-Pocket Maximum				Copayment							
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10,11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP						
Traditional: This category of plans, except for HSA, is also available in the non-LX version with the minor lab/X-ray benefit covered at 100 percent coinsurance.																					
P350030ek0LX	RX2	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	100%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P35003060ek0LX	RX2	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	100%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P35003060ek0i80MaxLX	RX2	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	80%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P35003060ek0i50MaxLX	RX2	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	50%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P400080ek0LX	RX2	Choice Plus	\$4,000	\$8,000	\$8,000	\$16,000	Emb	80%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$0	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P400080ek0i80MaxLX	RX2	Choice Plus	\$4,000	\$8,000	\$8,000	\$16,000	Emb	80%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P400080ek0i50MaxLX	RX2	Choice Plus	\$4,000	\$8,000	\$8,000	\$16,000	Emb	50%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P500060ek0LX	RX2	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	50%	\$6,350	\$12,700	\$15,000	\$30,000	\$0	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
P600060ek0LX	RX2	Choice Plus	\$6,000	\$12,000	\$12,000	\$24,000	Emb	100%	50%	\$7,350	\$14,700	\$14,700	\$29,400	\$0	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
HSA^{4,5} PPO These plans are also available on the CORE network.																					
HP1500	Medical Coinsurance	Choice Plus	\$1,500	\$3,000	\$3,000	\$6,000	NonEmb	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins
HP20003060	RX1 L4A	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	NonEmb	100%	50%	\$6,550	\$13,100	\$8,000	\$16,000	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HP2000Rx10i80	RX1 L4A	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	NonEmb	80%	50%	\$6,550	\$13,100	\$8,000	\$16,000	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
HP2000X	Medical Coinsurance	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	NonEmb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins
HP28503060	RX1 L4A	Choice Plus	\$2,850	\$5,700	\$5,700	\$11,400	Emb	100%	50%	\$6,550	\$13,100	\$11,400	\$22,800	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HP2850Rx10i80	RX1 L4A	Choice Plus	\$2,850	\$5,700	\$5,700	\$11,400	Emb	80%	50%	\$6,550	\$13,100	\$11,400	\$22,800	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
HP35003060	RX1 L4A	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	100%	50%	\$6,550	\$13,100	\$14,000	\$28,000	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HP50003060	RX1 L4A	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	50%	\$6,550	\$13,100	\$20,000	\$40,000	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HP6650	Medical Coinsurance	Choice Plus	\$6,650	\$13,300	\$13,300	\$26,600	Emb	100%	50%	\$6,650	\$13,300	\$26,600	\$53,200	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
EPO² These plans are also available on the CORE network.																					
E50030ek0LX	RX1	Choice	\$500	\$1,000	N/A	N/A	Emb	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E5003060ek0LXi100	RX1	Choice	\$500	\$1,000	N/A	N/A	Emb	100%	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E5003060ek0LX	RX1	Choice	\$500	\$1,000	N/A	N/A	Emb	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E100030ek0LX	RX2	Choice	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E10003060ek0LXi100	RX2	Choice	\$1,000	\$2,000	N/A	N/A	Emb	100%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E10003060ek0LX	RX2	Choice	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E150030ek0LX	RX2	Choice	\$1,500	\$3,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E150030ek0LXi80	RX2	Choice	\$1,500	\$3,000	N/A	N/A	Emb	80%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Plan Code	Rx ¹²	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10,11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP						
Traditional: This category of plans, except for HSA, is also available in the non-LX version with the minor lab/X-ray benefit covered at 100 percent coinsurance.																					
E15003060ek0LX	RX2	Choice	\$1,500	\$3,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E15003060ek0LXI80	RX2	Choice	\$1,500	\$3,000	N/A	N/A	Emb	80%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E200030ek0LX	RX2	Choice	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E20003060ek0LX	RX2	Choice	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E20004080ek0i80MaxLX	RX2	Choice	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E20004080ek0i50MaxLX	RX2	Choice	\$2,000	\$4,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E250030ek0LX	RX2	Choice	\$2,500	\$5,000	N/A	N/A	Emb	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E25003060ek0LX	RX2	Choice	\$2,500	\$5,000	N/A	N/A	Emb	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E25004080ek0i80MaxLX	RX2	Choice	\$2,500	\$5,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E25004080ek0i50MaxLX	RX2	Choice	\$2,500	\$5,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E300030ek0LX	RX2	Choice	\$3,000	\$6,000	N/A	N/A	Emb	100%	N/A	\$5,500	\$11,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E30003060ek0LX	RX2	Choice	\$3,000	\$6,000	N/A	N/A	Emb	100%	N/A	\$5,500	\$11,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E30003060ek0i80MaxLX	RX2	Choice	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E30003060ek0i50MaxLX	RX2	Choice	\$3,000	\$6,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E350030ek0LX	RX2	Choice	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E35003060ek0LX	RX2	Choice	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E35003060ek0i80MaxLX	RX2	Choice	\$3,500	\$7,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E35003060ek0i50MaxLX	RX2	Choice	\$3,500	\$7,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E400080ek0LX	RX2	Choice	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E400080ek0i80MaxLX	RX2	Choice	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E400080ek0i50MaxLX	RX2	Choice	\$4,000	\$8,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E500060ek0LX	RX2	Choice	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,350	\$12,700	N/A	N/A	\$0	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
E600060ek0LX	RX2	Choice	\$6,000	\$12,000	N/A	N/A	Emb	100%	N/A	\$7,350	\$14,700	N/A	N/A	\$0	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
HSA^{2,4,5} EPO These plans are also available on the CORE network.																					
HE1500	Medical Coinsurance	Choice	\$1,500	\$3,000	N/A	N/A	NonEmb	80%	N/A	\$3,000	\$6,000	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins
HE20003060	RX1 L4A	Choice	\$2,000	\$4,000	N/A	N/A	NonEmb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HE2000Rx10i80	RX1 L4A	Choice	\$2,000	\$4,000	N/A	N/A	NonEmb	80%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
HE2000X	Medical Coinsurance	Choice	\$2,000	\$4,000	N/A	N/A	NonEmb	80%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins

Plan Code	Rx ¹²	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10,11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP						
HE28503060	RX1 L4A	Choice	\$2,850	\$5,700	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HE2850Rx10i80	RX1 L4A	Choice	\$2,850	\$5,700	N/A	N/A	Emb	80%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
HE35003060	RX1 L4A	Choice	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HE50003060	RX1 L4A	Choice	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
HE6650	Medical Coinsurance	Choice	\$6,650	\$13,300	N/A	N/A	Emb	100%	N/A	\$6,650	\$13,300	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Traditional: This category of plans, except for HSA, is also available in the non-LX version with the minor lab/X-ray benefit covered at 100 percent coinsurance.

Plan Code	Rx ¹²	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10,11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP						

Navigate: This category of plans, except for HSA, is also available in the non-LX version with the minor lab/X-ray benefit covered at 100 percent coinsurance.

EPO²

NavE50030eLX	RX1	Navigate	\$500	\$1,000	N/A	N/A	Emb	80%	N/A	\$3,000	\$6,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE5003060eLX	RX1	Navigate	\$500	\$1,000	N/A	N/A	Emb	80%	N/A	\$3,000	\$6,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE100030eLX	RX2	Navigate	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$3,500	\$7,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE10003060eLX	RX2	Navigate	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$3,500	\$7,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE150030eLX	RX2	Navigate	\$1,500	\$3,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE15003060eLX	RX2	Navigate	\$1,500	\$3,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE200030eLX	RX2	Navigate	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE20003060eLX	RX2	Navigate	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE20004080ei80MaxLX	RX2	Navigate	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE20004080ei50MaxLX	RX2	Navigate	\$2,000	\$4,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE250030eLX	RX2	Navigate	\$2,500	\$5,000	N/A	N/A	Emb	100%	N/A	\$5,000	\$10,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE25003060eLX	RX2	Navigate	\$2,500	\$5,000	N/A	N/A	Emb	100%	N/A	\$5,000	\$10,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE25004080ei80MaxLX	RX2	Navigate	\$2,500	\$5,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE25004080ei50MaxLX	RX2	Navigate	\$2,500	\$5,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE300030eLX	RX2	Navigate	\$3,000	\$6,000	N/A	N/A	Emb	100%	N/A	\$5,500	\$11,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE30003060eLX	RX2	Navigate	\$3,000	\$6,000	N/A	N/A	Emb	100%	N/A	\$5,500	\$11,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE30003060ei80MaxLX	RX2	Navigate	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Plan Code	Rx ¹²	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10, 11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP	Referral Required ⁸					
Navigate: This category of plans, except for HSA, is also available in the non-LX version with the minor lab/X-ray benefit covered at 100 percent coinsurance.																					
NavE30003060ei50MaxLX	RX2	Navigate	\$3,000	\$6,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE350030eLX	RX2	Navigate	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,000	\$12,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE35003060eLX	RX2	Navigate	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,000	\$12,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE35003060ei80MaxLX	RX2	Navigate	\$3,500	\$7,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE35003060ei50MaxLX	RX2	Navigate	\$3,500	\$7,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE400080eLX	RX2	Navigate	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$6,000	\$12,000	N/A	N/A	N/A	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE400080ei80MaxLX	RX2	Navigate	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE400080ei50MaxLX	RX2	Navigate	\$4,000	\$8,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE500060eLX	RX2	Navigate	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,350	\$12,700	N/A	N/A	N/A	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavE600060eLX	RX2	Navigate	\$6,000	\$12,000	N/A	N/A	Emb	100%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
HSA^{2,4,5} EPO																					
NavHE1500	Medical Coinsurance	Navigate	\$1,500	\$3,000	N/A	N/A	NonEmb	80%	N/A	\$3,000	\$6,000	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins
NavHE20003060	RX1 L4A	Navigate	\$2,000	\$4,000	N/A	N/A	NonEmb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
NavHE2000Rx10i80	RX1 L4A	Navigate	\$2,000	\$4,000	N/A	N/A	NonEmb	80%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavHE2000X	Medical Coinsurance	Navigate	\$2,000	\$4,000	N/A	N/A	NonEmb	80%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins
NavHE28503060	RX1 L4A	Navigate	\$2,850	\$5,700	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
NavHE2850Rx10i80	RX1 L4A	Navigate	\$2,850	\$5,700	N/A	N/A	Emb	80%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
NavHE35003060	RX1 L4A	Navigate	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
NavHE50003060	RX1 L4A	Navigate	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	\$100	\$300	Ded + Coins	Ded + Coins	Ded + Coins
NavHE6650	Medical Coinsurance	Navigate	\$6,650	\$13,300	N/A	N/A	Emb	100%	N/A	\$6,650	\$13,300	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Plan Code	Rx ¹²	Network ⁹	Deductible					Coinsurance		Out-of-Pocket Maximum				Copayment							
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10, 11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP	Referral Required ^d					
Charter: This category of plans, except for HSA, is also available in the non LX version with the minor lab/X-ray benefit covered at 100% coinsurance.																					
EPO²																					
CharE50030eLX	RX1	Charter	\$500	\$1,000	N/A	N/A	Emb	80%	N/A	\$3,000	\$6,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE5003060eLX	RX1	Charter	\$500	\$1,000	N/A	N/A	Emb	80%	N/A	\$3,000	\$6,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE100030eLX	RX2	Charter	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$3,500	\$7,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE10003060eLX	RX2	Charter	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$3,500	\$7,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE150030eLX	RX2	Charter	\$1,500	\$3,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE15003060eLX	RX2	Charter	\$1,500	\$3,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE200030eLX	RX2	Charter	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE20003060eLX	RX2	Charter	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE20004080ei80MaxLX	RX2	Charter	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE20004080ei50MaxLX	RX2	Charter	\$2,000	\$4,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE250030eLX	RX2	Charter	\$2,500	\$5,000	N/A	N/A	Emb	100%	N/A	\$5,000	\$10,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE25003060eLX	RX2	Charter	\$2,500	\$5,000	N/A	N/A	Emb	100%	N/A	\$5,000	\$10,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE25004080ei80MaxLX	RX2	Charter	\$2,500	\$5,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE25004080ei50MaxLX	RX2	Charter	\$2,500	\$5,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$40	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE300030eLX	RX2	Charter	\$3,000	\$6,000	N/A	N/A	Emb	100%	N/A	\$5,500	\$11,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE30003060eLX	RX2	Charter	\$3,000	\$6,000	N/A	N/A	Emb	100%	N/A	\$5,500	\$11,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE30003060ei80MaxLX	RX2	Charter	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE30003060ei50MaxLX	RX2	Charter	\$3,000	\$6,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE350030eLX	RX2	Charter	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,000	\$12,000	N/A	N/A	N/A	\$30	\$30	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE35003060eLX	RX2	Charter	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,000	\$12,000	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE35003060ei80MaxLX	RX2	Charter	\$3,500	\$7,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE35003060ei50MaxLX	RX2	Charter	\$3,500	\$7,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE400080eLX	RX2	Charter	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$6,000	\$12,000	N/A	N/A	N/A	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE400080ei80MaxLX	RX2	Charter	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE400080ei50MaxLX	RX2	Charter	\$4,000	\$8,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$80	\$80	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE500060eLX	RX2	Charter	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,350	\$12,700	N/A	N/A	N/A	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharE600060eLX	RX2	Charter	\$6,000	\$12,000	N/A	N/A	Emb	100%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$60	\$60	\$100	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Plan Code	Rx ¹²	Network ⁹	Deductible					Coinsurance		Out-of-Pocket Maximum				Copayment							
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray ^{10,11}	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	Referral Required ⁸							

Charter: This category of plans, except for HSA, is also available in the non LX version with the minor lab/X-ray benefit covered at 100% coinsurance.

HSA ^{2,4,5} EPO																					
CharHE1500	Medical Coinsurance	Charter	\$1,500	\$3,000	N/A	N/A	NonEmb	80%	N/A	\$3,000	\$6,000	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins
CharHE20003060	RX1 L4A	Charter	\$2,000	\$4,000	N/A	N/A	NonEmb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	100	300	Ded + Coins	Ded + Coins	Ded + Coins
CharHE2000Rx10i80	RX1 L4A	Charter	\$2,000	\$4,000	N/A	N/A	NonEmb	80%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharHE2000X	Medical Coinsurance	Charter	\$2,000	\$4,000	N/A	N/A	NonEmb	80%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded then 100%	Ded + Coins	Ded + Coins
CharHE28503060	RX1 L4A	Charter	\$2,850	\$5,700	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	100	300	Ded + Coins	Ded + Coins	Ded + Coins
CharHE2850Rx10i80	RX1 L4A	Charter	\$2,850	\$5,700	N/A	N/A	Emb	80%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
CharHE35003060	RX1 L4A	Charter	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	100	300	Ded + Coins	Ded + Coins	Ded + Coins
CharHE50003060	RX1 L4A	Charter	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,550	\$13,100	N/A	N/A	N/A	\$30	\$60	100	300	Ded + Coins	Ded + Coins	Ded + Coins
CharHE6650	Medical Coinsurance	Charter	\$6,650	\$13,300	N/A	N/A	Emb	100%	N/A	\$6,650	\$13,300	N/A	N/A	N/A	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Plan Code	Rx	Network ⁹	Deductible					Coinsurance		Out-of-Pocket Maximum				Copayment							
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC Visits 1-2 ³	ER	Minor Lab/X-Ray	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	Visits 1-3 Comb PCP/Spec ³						

Flex Focus

PPO These plans are also available on the CORE network.

Flex Focus P1000	RX FF	Choice Plus	\$1,000	\$3,000	\$5,000	\$15,000	Emb	80%	50%	\$4,500	\$13,500	\$10,000	\$30,000	N/A	\$0	\$0	\$0	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	\$250 Ded + Coins
Flex Focus P2000	RX FF	Choice Plus	\$2,000	\$6,000	\$5,000	\$15,000	Emb	80%	50%	\$6,850	\$13,700	\$10,000	\$30,000	N/A	\$0	\$0	\$0	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	\$250 Ded + Coins
Flex Focus P3000	RX FF	Choice Plus	\$3,000	\$9,000	\$5,000	\$15,000	Emb	80%	50%	\$6,850	\$13,700	\$10,000	\$30,000	N/A	\$0	\$0	\$0	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	\$250 Ded + Coins

EPO² These plans are also available on the CORE network.

Flex Focus E1000	RX FF	Choice	\$1,000	\$3,000	N/A	N/A	Emb	80%	N/A	\$4,500	\$13,500	N/A	N/A	N/A	\$0	\$0	\$0	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	\$250 Ded + Coins
Flex Focus E2000	RX FF	Choice	\$2,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$6,850	\$13,700	N/A	N/A	N/A	\$0	\$0	\$0	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	\$250 Ded + Coins
Flex Focus E3000	RX FF	Choice	\$3,000	\$9,000	N/A	N/A	Emb	80%	N/A	\$6,850	\$13,700	N/A	N/A	N/A	\$0	\$0	\$0	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	\$250 Ded + Coins

Plan Code	Rx	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment								
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray	Major MRI/CT	IP/OP Surgery
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP						

Primary Focus

PPO These plans are also available on the CORE network.

Focus P1000i80	RX PA	Choice Plus	\$1,000	\$2,000	\$5,000	\$10,000	Emb	80%	50%	\$6,500	\$13,000	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus P2000i80	RX PA	Choice Plus	\$2,000	\$4,000	\$5,000	\$10,000	Emb	80%	50%	\$6,500	\$13,000	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus P3000i80	RX PA	Choice Plus	\$3,000	\$6,000	\$10,000	\$20,000	Emb	80%	50%	\$6,500	\$13,000	\$20,000	\$40,000	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus P5000i80	RX PA	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$6,500	\$13,000	\$20,000	\$40,000	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus P1000i50	RX PA	Choice Plus	\$1,000	\$2,000	\$5,000	\$10,000	Emb	50%	50%	\$6,500	\$13,000	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus P2000i50	RX PA	Choice Plus	\$2,000	\$4,000	\$5,000	\$10,000	Emb	50%	50%	\$6,500	\$13,000	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

EPO² These plans are also available on the CORE network.

Focus E1000i80	RX PA	Choice	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$6,500	\$13,000	N/A	N/A	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus E2000i80	RX PA	Choice	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$6,500	\$13,000	N/A	N/A	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus E3000i80	RX PA	Choice	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$6,500	\$13,000	N/A	N/A	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus E5000i80	RX PA	Choice	\$5,000	\$10,000	N/A	N/A	Emb	80%	N/A	\$6,500	\$13,000	N/A	N/A	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus E1000i50	RX PA	Choice	\$1,000	\$2,000	N/A	N/A	Emb	50%	N/A	\$6,500	\$13,000	N/A	N/A	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
Focus E2000i50	RX PA	Choice	\$2,000	\$4,000	N/A	N/A	Emb	50%	N/A	\$6,500	\$13,000	N/A	N/A	N/A	\$0	\$100	\$50	\$250 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Plan Code	Rx	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment									
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC		UC	ER	Minor Lab/X-Ray ¹³	Major MRI/CT ¹³	IP/OP Surgery ¹³
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP	Tier 1 Spec ⁷	Spec ⁸					

Advanced

PPO These plans are also available on the CORE network.

AdvP1000	RX2	Choice Plus	\$1,000	\$2,000	\$2,000	\$4,000	Emb	50%	50%	\$3,500	\$7,000	\$7,000	\$14,000	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvP2000	RX2	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Emb	50%	50%	\$4,000	\$8,000	\$8,000	\$16,000	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvP3000	RX2	Choice Plus	\$3,000	\$6,000	\$6,000	\$12,000	Emb	50%	50%	\$5,500	\$11,000	\$11,000	\$22,000	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvP4000	RX2	Choice Plus	\$4,000	\$8,000	\$8,000	\$16,000	Emb	50%	50%	\$6,000	\$12,000	\$12,000	\$24,000	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvP5000	RX2	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	50%	50%	\$7,350	\$14,700	\$14,700	\$29,400	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins

Plan Code	Rx	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment									
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC		UC	ER	Minor Lab/X-Ray ¹³	Major MRI/CT ¹³	IP/OP Surgery ¹³
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP	Tier 1 Spec ⁷	Spec ⁸					
Advanced																						
EPO ² These plans are also available on the CORE network.																						
AdvE1000	RX2	Choice	\$1,000	\$2,000	N/A	N/A	Emb	50%	N/A	\$3,500	\$7,000	N/A	N/A	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvE2000	RX2	Choice	\$2,000	\$4,000	N/A	N/A	Emb	50%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvE3000	RX2	Choice	\$3,000	\$6,000	N/A	N/A	Emb	50%	N/A	\$5,500	\$11,000	N/A	N/A	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvE4000	RX2	Choice	\$4,000	\$8,000	N/A	N/A	Emb	50%	N/A	\$6,000	\$12,000	N/A	N/A	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins
AdvE5000	RX2	Choice	\$5,000	\$10,000	N/A	N/A	Emb	50%	N/A	\$7,350	\$14,700	N/A	N/A	N/A	\$30	\$30	\$60	\$100	\$300 + Ded + Coins	\$250 Ded + Coins	\$500 Ded + Coins	\$500 + Ded + Coins

Plan Code	Rx	Network ⁹	Deductible				Coinsurance		Out-of-Pocket Maximum				Copayment									
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC		UC	ER	Minor Lab/X-Ray ¹³	Major MRI/CT ¹³	IP/OP Surgery ¹³
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP	Tier 1 Spec ⁷	Spec ⁸					
PROformance																						
PPO These plans are also available on the CORE network.																						
PROP100010	RX1	Choice Plus	\$1,000	\$2,000	\$5,000	\$10,000	Emb	80%	50%	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROP200010	RX1	Choice Plus	\$2,000	\$4,000	\$5,000	\$10,000	Emb	80%	50%	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROP300010	RX1	Choice Plus	\$3,000	\$6,000	\$7,500	\$15,000	Emb	80%	50%	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROP500010	RX1	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROP100015	RX2	Choice Plus	\$1,000	\$2,000	\$5,000	\$10,000	Emb	80%	50%	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
PROP200015	RX2	Choice Plus	\$2,000	\$4,000	\$5,000	\$10,000	Emb	80%	50%	\$7,150	\$14,300	\$10,000	\$20,000	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
PROP300015	RX2	Choice Plus	\$3,000	\$6,000	\$7,500	\$15,000	Emb	80%	50%	\$7,150	\$14,300	\$15,000	\$30,000	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
PROP500015	RX2	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$7,150	\$14,300	\$20,000	\$40,000	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Plan Code	Rx	Network ⁹	Deductible					Coinsurance		Out-of-Pocket Maximum				Copayment								
			Network		Non-Network		Ded Type ¹	In	Out	Network		Non-Network		PCP		SPEC		UC	ER	Minor Lab/X-Ray ¹³	Major MRI/CT ¹³	IP/OP Surgery ¹³
			Single	Family	Single	Family				Single	Family	Single	Family	PCP DEP <19	PCP	Tier 1 Spec ⁷	Spec ⁸					

PROformance

EPO² These plans are also available on the CORE network.

PROE100010	RX1	Choice	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROE200010	RX1	Choice	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROE300010	RX1	Choice	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROE500010	RX1	Choice	\$5,000	\$10,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$10	\$40	\$80	\$25	\$300 + Ded + Coins	\$40 Copay Only	\$500 Copay Only	Ded + Coins
PROE100015	RX2	Choice	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
PROE200015	RX2	Choice	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
PROE300015	RX2	Choice	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
PROE500015	RX2	Choice	\$5,000	\$10,000	N/A	N/A	Emb	80%	N/A	\$7,150	\$14,300	N/A	N/A	\$0	\$15	\$50	\$100	\$25	\$300 + Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins

Pharmacy

Rx Plan Code ¹²	Deductible		Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio (90-Day Supply)
	Single	Family					
Advantage PDL							
RX1	N/A	N/A	\$10	\$35	\$60	\$200	2.5
RX1 L4A	N/A	N/A	\$10	\$35	\$60	\$100	2.5
RX2	N/A	N/A	\$15	\$35	\$75	\$250	2.5
RX FF	N/A	N/A	\$15	\$50	\$100	\$125	2.5
RX PA	\$250	\$500	\$0	\$50	\$100	\$250	2.5
Medical Coinsurance	N/A	N/A	Med Coin	Med Coin	Med Coin	Med Coin	2.5

All Savers plan options key

e	ER Copay, Deductible, Coinsurance. Minor Lab/X-Ray 100 percent
eLX	ER Copay, Deductible, Coinsurance. Minor Lab/X-Ray Deductible, Coinsurance
i100	100 Percent Coinsurance
i80	80 Percent Coinsurance
i50	50 Percent Coinsurance
Max	Maximum Allowable Out of Pocket
Rx10	Rx Copay after Deductible
X	Out of Pocket for 1 Person Max \$6,550
k0	\$0 PCP Copay for Kids 19 and Under
Example Plan E35003060ei50maxLX	ER Copay, Deductible then Coinsurance, Minor Lab/X-Ray Deductible, Coinsurance, 50 Percent Coinsurance after the Deductible to the Maximum Allowable Out of Pocket



¹ "Embedded" deductible means once an individual meets his or her portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

² EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist, radiologist or assistant surgeons; and (2) Services performed under the Emergency Care benefit.

³ Plans feature \$0 copay for the first 3 Primary Care Physician (PCP) and/or Specialist office visits for a maximum of 3 combined during the Plan Year. Office visits 4+ will be subject to plan deductible/coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copayment limit.

⁴ With the HP2000X/HE2000X/NavHE2000X/CharHE2000X family plans, the Out-of-Pocket for 1 person is capped at \$6,550 and \$8,000 for family. With the HP1500/HE1500/NavHE1500/CharHE1500 and HP2500/HE2500/NavHE2500/CharHE2500 family plans, the Out-of-Pocket for 1 person is capped at \$6,550 (where applicable).

⁵ If there are copayments on HSA plans, they will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

⁶ "Navigate" and "Charter" plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or a reduction of benefits.

⁷ This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myallsavers.com for details.

⁸ This tier of benefits applies to physicians in specialties where there is no UnitedHealth Premium Program and for physicians who are not UnitedHealth Premium Tier 1 Designated. Primary Care Physicians include Family Practice, Internal medicine and Pediatrics.

⁹ CORE only available in some areas.

¹⁰ When selecting multiple Traditional and or Navigate/Charter category plans, the LX PPO and EPO plans cannot be offered in combination with non-LX PPO and EPO Plans.

¹¹ The Traditional and Navigate/Charter category of plans are available in the non-LX version with the benefit covered at 100 percent coinsurance.

¹² The Traditional and Navigate/Charter category of plans are available with the Essential PDL and cannot be offered in combination with the Advantage PDL.

¹³ For the Advanced and Direct plan category, Minor Lab/X-Ray, Major MRI/CT and IP/OP Surgery are covered at deductible and coinsurance when services are done at a freestanding facility; copayment does not apply in a hospital setting.

All plans may not be available in all markets. Plan availability is subject to change and is controlled via the quoting process on myallsavers.com.

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