

All Savers® Alternate Funding

Benefit Plan Designs

TX
Effective 8/1/2020

TRADITIONAL & GATEKEEPER PLANS

These plans, except for HSA, are also available in the non LX version with the minor lab/X-ray benefit covered at 100% coinsurance.

Plan Code	Product [†]	Rx	Available Networks ^{5,9,12,13}	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays								
				Network		Out-of-Network		Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray	Major MRI/CT	IP/OP Surgery
				Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP						
PPO These plans are also available on the CORE network.																						
P500i100LX	PPO	RX1	Choice Plus	\$500	\$1,000	\$1,000	\$2,000	Emb	100%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P500i80LX	PPO	RX1	Choice Plus	\$500	\$1,000	\$1,000	\$2,000	Emb	80%	50%	\$3,000	\$6,000	\$6,000	\$12,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P1000i100LX	PPO	RX2	Choice Plus	\$1,000	\$2,000	\$2,000	\$4,000	Emb	100%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P1000i80LX	PPO	RX2	Choice Plus	\$1,000	\$2,000	\$2,000	\$4,000	Emb	80%	50%	\$3,500	\$7,000	\$7,000	\$14,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P1500i100LX	PPO	RX2	Choice Plus	\$1,500	\$3,000	\$3,000	\$6,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P1500i80LX	PPO	RX2	Choice Plus	\$1,500	\$3,000	\$3,000	\$6,000	Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P2000i100LX	PPO	RX2	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Emb	100%	50%	\$4,000	\$8,000	\$8,000	\$16,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P2000i80LX	PPO	RX2	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Emb	80%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P2500i100LX	PPO	RX2	Choice Plus	\$2,500	\$5,000	\$5,000	\$10,000	Emb	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P2500i80LX	PPO	RX2	Choice Plus	\$2,500	\$5,000	\$5,000	\$10,000	Emb	80%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P3000i100LX	PPO	RX2	Choice Plus	\$3,000	\$6,000	\$6,000	\$12,000	Emb	100%	50%	\$5,500	\$11,000	\$11,000	\$22,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P3000i80LX	PPO	RX2	Choice Plus	\$3,000	\$6,000	\$6,000	\$12,000	Emb	80%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P3500i100LX	PPO	RX2	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	100%	50%	\$6,000	\$12,000	\$12,000	\$24,000	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P3500i80LX	PPO	RX2	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	80%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P4000i100LX	PPO	RX2	Choice Plus	\$4,000	\$8,000	\$8,000	\$16,000	Emb	100%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P4000i80LX	PPO	RX2	Choice Plus	\$4,000	\$8,000	\$8,000	\$16,000	Emb	80%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P5000i100LX	PPO	RX2	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
P5000i80LX	PPO	RX2	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$7,900	\$15,800	\$15,800	\$31,600	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PPO HSA ¹⁵ These plans are also available on the CORE network.																						
HP1500	HSA PPO	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+100%	Ded+Coins	Ded+Coins
HP20002575	HSA PPO	RX1 L4A	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Ded NonEmb/OOPM Emb	100%	50%	\$6,900	\$13,800	\$8,000	\$16,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HP2000Rx10i80	HSA PPO	RX1 L4A	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Ded NonEmb/OOPM Emb	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	HSA PPO	Medical Coinsurance	Choice Plus	\$2,000	\$4,000	\$4,000	\$8,000	Ded NonEmb/OOPM Emb	80%	50%	\$4,000	\$8,000	\$8,000	\$16,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+100%	Ded+Coins	Ded+Coins
HP28502575	HSA PPO	RX1 L4A	Choice Plus	\$2,850	\$5,700	\$5,700	\$11,400	Emb	100%	50%	\$6,900	\$13,800	\$11,400	\$22,800	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HP2850Rx10i80	HSA PPO	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
HP35002575	HSA PPO	RX1 L4A	Choice Plus	\$3,500	\$7,000	\$7,000	\$14,000	Emb	100%	50%	\$6,900	\$13,800	\$14,000	\$28,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HP4000	HSA PPO	Medical Coinsurance	Choice Plus	\$4,000	\$8,000	\$8,000	\$16,000	Emb	100%	50%	\$4,000	\$8,000	\$32,000	\$64,000	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HP50002575	HSA PPO	RX1 L4A	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	100%	50%	\$6,900	\$13,800	\$20,000	\$40,000	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins

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TRADITIONAL & GATEKEEPER PLANS

These plans, except for HSA, are also available in the non LX version with the minor lab/X-ray benefit covered at 100% coinsurance.

Plan Code	Product ²	Rx	Available Networks ^{5,8,12,13}	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays									
				Network		Out-of-Network		Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray	Major MRI/CT	IP/OP Surgery	
				Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP							
HP6350	HSA PPO	Medical Coinsurance	Choice Plus	\$6,350	\$12,700	\$12,700	\$25,400	Emb	100%	50%	\$6,350	\$12,700	\$25,400	\$50,800	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
EPO These plans, except for Navigate and Charter, are also available on the CORE Essential network.																							
E500i100LX NavE500i100LX CharE500i100LX	EPO	RX1	Choice Navigate Charter	\$500	\$1,000	N/A	N/A	Emb	100%	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E500i80LX NavE500i80LX CharE500i80LX	EPO	RX1	Choice Navigate Charter	\$500	\$1,000	N/A	N/A	Emb	80%	N/A	\$3,000	\$6,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E1000i100LX NavE1000i100LX CharE1000i100LX	EPO	RX2	Choice Navigate Charter	\$1,000	\$2,000	N/A	N/A	Emb	100%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E1000i80LX NavE1000i80LX CharE1000i80LX	EPO	RX2	Choice Navigate Charter	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$3,500	\$7,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E1500i100LX NavE1500i100LX CharE1500i100LX	EPO	RX2	Choice Navigate Charter	\$1,500	\$3,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E1500i80LX NavE1500i80LX CharE1500i80LX	EPO	RX2	Choice Navigate Charter	\$1,500	\$3,000	N/A	N/A	Emb	80%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E2000i100LX NavE2000i100LX CharE2000i100LX	EPO	RX2	Choice Navigate Charter	\$2,000	\$4,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E2000i80LX NavE2000i80LX CharE2000i80LX	EPO	RX2	Choice Navigate Charter	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E2500i100LX NavE2500i100LX CharE2500i100LX	EPO	RX2	Choice Navigate Charter	\$2,500	\$5,000	N/A	N/A	Emb	100%	N/A	\$5,000	\$10,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E2500i80LX NavE2500i80LX CharE2500i80LX	EPO	RX2	Choice Navigate Charter	\$2,500	\$5,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E3000i100LX NavE3000i100LX CharE3000i100LX	EPO	RX2	Choice Navigate Charter	\$3,000	\$6,000	N/A	N/A	Emb	100%	N/A	\$5,500	\$11,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E3000i80LX NavE3000i80LX CharE3000i80LX	EPO	RX2	Choice Navigate Charter	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins

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Plan Code	Product ²	Rx	Available Networks ^{5,8,12,13}	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays								
				Network		Out-of-Network		Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray	Major MRI/CT	IP/OP Surgery
				Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP						
E3500i100LX NavE3500i100LX CharE3500i100LX	EPO	RX2	Choice Navigate Charter	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,000	\$12,000	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E3500i80LX NavE3500i80LX CharE3500i80LX	EPO	RX2	Choice Navigate Charter	\$3,500	\$7,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E4000i100LX NavE4000i100LX CharE4000i100LX	EPO	RX2	Choice Navigate Charter	\$4,000	\$8,000	N/A	N/A	Emb	100%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E4000i80LX NavE4000i80LX CharE4000i80LX	EPO	RX2	Choice Navigate Charter	\$4,000	\$8,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E5000i100LX NavE5000i100LX CharE5000i100LX	EPO	RX2	Choice Navigate Charter	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
E5000i80LX NavE5000i80LX CharE5000i80LX	EPO	RX2	Choice Navigate Charter	\$5,000	\$10,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	\$0	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
EPO HSA^{1,5} These plans, except for Navigate and Charter, are also available on the CORE Essential network.																						
HE1500 NavHE1500CN CharHE1500CN	HSA EPO	Medical Coinsurance	Choice Navigate 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+100%	Ded+Coins	Ded+Coins
HE20002575 NavHE20002575 CharHE20002575	HSA EPO	RX1 L4A	Choice Navigate Charter	\$2,000	\$4,000	N/A	N/A	Ded NonEmb/OOPM Emb	100%	N/A	\$6,900	\$13,800	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HE2000Rx10i80 NavHE2000Rx10i80 CharHE2000Rx10i80	HSA EPO	RX1 L4A	Choice Navigate Charter	\$2,000	\$4,000	N/A	N/A	Ded NonEmb/OOPM 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
HE2000X NavHE2000X CharHE2000X	HSA EPO	Medical Coinsurance	Choice Navigate Charter	\$2,000	\$4,000	N/A	N/A	Ded NonEmb/OOPM Emb	80%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+100%	Ded+Coins	Ded+Coins
HE28502575 NavHE28502575 CharHE28502575	HSA EPO	RX1 L4A	Choice Navigate Charter	\$2,850	\$5,700	N/A	N/A	Emb	100%	N/A	\$6,900	\$13,800	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HE2850Rx10i80 NavHE2850Rx10i80 CharHE2850Rx10i80	HSA EPO	RX1 L4A	Choice Navigate 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

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				Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP						
HE35002575 NavHE35002575 CharHE35002575	HSA EPO	RX1 L4A	Choice Navigate Charter	\$3,500	\$7,000	N/A	N/A	Emb	100%	N/A	\$6,900	\$13,800	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HE4000 NavHE4000 CharHE4000	HSA EPO	Medical Coinsurance	Choice Navigate Charter	\$4,000	\$8,000	N/A	N/A	Emb	100%	N/A	\$4,000	\$8,000	N/A	N/A	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HE50002575 NavHE50002575 CharHE50002575	HSA EPO	RX1 L4A	Choice Navigate Charter	\$5,000	\$10,000	N/A	N/A	Emb	100%	N/A	\$6,900	\$13,800	N/A	N/A	N/A	\$25	\$75	\$50	\$300 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
HE6350 NavHE6350 CharHE6350	HSA EPO	Medical Coinsurance	Choice Navigate Charter	\$6,350	\$12,700	N/A	N/A	Emb	100%	N/A	\$6,350	\$12,700	N/A	N/A	N/A	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins

PRIMARY FOCUS (Primary Advantage equivalent)

Plan Code	Product ²	Rx	Network ^{9,13}	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays								
				Network		Out-of-Network		Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC	UC	ER	Minor Lab/X-Ray	Major MRI/CT	IP/OP Surgery
				Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP						
PPO These plans are also available on the CORE network.																						
PrimFocus P1000i80	PPO	RX PA	Choice Plus	\$1,000	\$2,000	\$5,000	\$10,000	Emb	80%	50%	\$7,900	\$15,800	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus P2000i80	PPO	RX PA	Choice Plus	\$2,000	\$4,000	\$5,000	\$10,000	Emb	80%	50%	\$7,900	\$15,800	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus P3000i80	PPO	RX PA	Choice Plus	\$3,000	\$6,000	\$10,000	\$20,000	Emb	80%	50%	\$7,900	\$15,800	\$20,000	\$40,000	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus P5000i80	PPO	RX PA	Choice Plus	\$5,000	\$10,000	\$10,000	\$20,000	Emb	80%	50%	\$7,900	\$15,800	\$20,000	\$40,000	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus P1000i50	PPO	RX PA	Choice Plus	\$1,000	\$2,000	\$5,000	\$10,000	Emb	50%	50%	\$7,900	\$15,800	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus P2000i50	PPO	RX PA	Choice Plus	\$2,000	\$4,000	\$5,000	\$10,000	Emb	50%	50%	\$7,900	\$15,800	\$10,000	\$20,000	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
EPO These plans, except for Navigate and Charter, are also available on the CORE Essential network.																						
PrimFocus E1000i80	EPO	RX PA	Choice	\$1,000	\$2,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus E2000i80	EPO	RX PA	Choice	\$2,000	\$4,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus E3000i80	EPO	RX PA	Choice	\$3,000	\$6,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus E5000i80	EPO	RX PA	Choice	\$5,000	\$10,000	N/A	N/A	Emb	80%	N/A	\$7,900	\$15,800	N/A	N/A	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus E1000i50	EPO	RX PA	Choice	\$1,000	\$2,000	N/A	N/A	Emb	50%	N/A	\$7,900	\$15,800	N/A	N/A	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
PrimFocus E2000i50	EPO	RX PA	Choice	\$2,000	\$4,000	N/A	N/A	Emb	50%	N/A	\$7,900	\$15,800	N/A	N/A	N/A	\$0	\$100	\$50	\$250 Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins

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PROformance (w/Premium Designation on Spec)

Plan Code	Product ²	Rx	Network ^{9,13}	Deductible				Coinsurance		Out-of-Pocket Maximum				Copays									
				Network		Out-of-Network		Ded Type ¹	Network	Out-of-Network	Network		Out-of-Network		PCP		SPEC		UC	ER	Minor Lab/X-Ray	Major MRI/CT	IP/OP Surgery
				Single	Family	Single	Family				Single	Family	Single	Family	Dep <19	PCP	Tier 1 Spec ⁷	Spec ⁸					
PPO These plans are also available on the CORE network.																							
PROP100010	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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	PPO	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
EPO These plans, except for Navigate and Charter, are also available on the CORE Essential network.																							
PROE100010	EPO	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	EPO	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	EPO	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	EPO	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	EPO	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	EPO	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	EPO	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	EPO	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

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Pharmacy

Rx Plan Code	Deductible		Tier 1	Tier 2	Tier 3	Tier 4	Mail Service Ratio (90 day supply)
	Individual	Family					
ADVANTAGE PDL on Broad Network							
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
Med Coins	N/A	N/A	Coins	Coins	Coins	Coins	2.5

All Savers plan options key

LX	Minor Lab/X-ray covered at Deductible then Coinsurance
i100	100% Coinsurance
i80	80% Coinsurance
Rx10	Rx Copay after Deductible
Nav	Plan is available on the Navigate network. Ex: NavE2000i80LX
Char	Plan is available on the Charter network. Ex: CharE2000i80LX
Cn	Plan is available on the CORE network. Ex: CnE2000i80LX
CN	Plan is available on the CORE network. Ex: E2000i80LXCN
X	Out of Pocket for one person max \$6,550

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¹ “Emb” means once an individual meets his or her portion of the plan coverage, services are paid for that person without the entire family amount being met. “Non-Emb” means no covered family member will satisfy an individual portion until the entire family amount is met. “OOPM Emb” means once an individual meets his or her portion of the OOP, services are paid for that person without the full OOP amount being 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.

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 PCP designation upon enrollment and referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or a reduction in 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 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.

¹² The Charter category of plans are available in these Texas counties: Brazoria, Brewster, Collin, Culberson, Dallas, Denton, El Paso, Ellis, Fannin, Fort Bend, Galveston, Harris, Hunt, Johnson, Montgomery, Parker, Reeves, Rockwall and Tarrant.

¹³ All Savers plans on the Core Network are available in these Texas counties: Bailey, Castro, Collingsworth, Childress, Cochran, Crosby, Deaf Smith, Floyd, Gaines, Gray, Hansford, Hardeman, Hemphill, Hutchinson, Knox, Lynn, Moore, Ochiltree, Parmer, Potter, Randall, Swisher, Wheeler and Yoakum.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except MA, MN and NJ), UnitedHealthcare Insurance Company in MA and MN, and UnitedHealthcare Life Insurance Company in NJ. 3100 AMS Blvd., Green Bay, WI 54313, 1-800-291-2634.

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