## Indian River County Health Plan Options - 2A, 2B, 3B Effective October 1, 2020

Product	BlueC	ptions	BlueC	ptions			
Plan Number	Premier Gold Plan 03559	Premier Silver Plan 05302	Gold Option 2a	Silver Option 2a			
Actuarial Value	88.2%	79.6%	86.2%	77.8%	87.4%	79.1%	
Savings % by Plan	N/A	N/A	-2.3%	-2.3%	-0.9%	-0.6%	
Projected Claims	\$24,2	55,000	\$23,7	05,000	\$24,0	42,000	
Savings \$	N/A		-\$55	0,000	-\$213,000		
avings % Total N/A			-2	3%	-0.9%		
Cost Sharing Member's Responsibility							
Calendar Year Deductible (DED)	Single/Family	Single/Family	Single/Family	Single/Family	Single/Family	Single/Family	
In-Network (INN)	\$400/\$800	\$800/\$1,600	\$1,500/\$3,000	\$2,500/\$5,000	\$600/\$1,200	\$1,000/\$2,000	
Out-of-Network	\$800/\$1,600	\$1,600/\$3,200	\$3,000/\$6,000	\$5,000/\$10,000	\$1,200/\$2,400	\$2,000/\$4,000	
Coinsurance (Member pays after Calendar Year DED)							
In-Network	20%	30%	20%	30%	20%	30%	
Out-of-Network	30%	40%	30%	40%	30%	40%	
Calendar Year Out of Pocket Maximum	Single/Family	Single/Family	Single/Family	Single/Family			
In-Network	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	
Out-of-Network	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	
Medical/Surgical Care by a Physician							
Office Services							
In-Network Family Physician	\$25 Copayment	\$35 Copayment	\$25 Copayment	\$35 Copayment	\$30 Copayment	\$40 Copayment	
In-Network Specialist	\$45 Copayment	\$60 Copayment	\$45 Copayment	\$60 Copayment	\$50 Copayment	\$65 Copayment	
Out-of-Network	DED + 30%	DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%	
Allergy Injections (Office)	4-	4-		4-	4-	4-	
In-Network Family Physician	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	
In-Network Specialist	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	
Out-of-Network	DED + 30%	DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%	
Convenient Care Center In-Network	\$25 Copayment	\$35 Copayment	\$25 Copayment	\$35 Copayment	\$30 Copayment	\$40 Copayment	
Out-of-Network	DED + 30%	DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%	
Inpatient Hospital Facility (per admin)	DED 1 30/0	DED 1 40/0	DED 1 30/0	DED 1 40/0	DED 1 30/0	DLD 1 40/0	
In-Network	PAD \$200 + DED + 20%	PAD \$500 + DED + 30%	PAD \$200 + DED + 20%	PAD \$500 + DED + 30%	PAD \$200 + DED + 20%	PAD \$500 + DED + 30%	
Network	PAD \$400 + DED + 30%	PAD \$1,000 + DED + 40%	PAD \$400 + DED + 30%	PAD \$1,000 + DED + 40%	PAD \$400 + DED + 30%	PAD \$1,000 + DED + 40%	
Physician Services at Hospital					,		
In-Network	DED + 20%	DED + 30%	DED + 20%	DED + 30%	DED + 20%	DED + 30%	
Out-of-Network	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%	
Radiology, Pathology, and Anesthesiology Provider Services at Hospital							
	DED + 20%	DED + 30%	DED + 20%	DED + 30%	DED + 20%	DED + 30%	
In-Network Out-of-Network	DED + 20% INN DED + 20%	DED + 30% INN DED + 30%	DED + 20% INN DED + 20%	DED + 30% INN DED + 30%	DED + 20% INN DED + 20%	DED + 30% INN DED + 30%	
In-Network							
In-Network Out-of-Network							
In-Network Out-of-Network Services							
In-Network Out-of-Network Services Office Services	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%	
in-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network	INN DED + 20%  No Charge	INN DED + 30%  No Charge	INN DED + 20%  No Charge	INN DED + 30%  No Charge	INN DED + 20%  No Charge	INN DED + 30%  No Charge	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility	INN DED + 20%  No Charge	INN DED + 30%  No Charge	INN DED + 20%  No Charge	INN DED + 30%  No Charge	INN DED + 20%  No Charge	INN DED + 30%  No Charge	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest**	INN DED + 20%  No Charge 30%	INN DED + 30%  No Charge 40%	INN DED + 20%  No Charge 30%	INN DED + 30%  No Charge 40%	INN DED + 20%  No Charge 30%	INN DED + 30%  No Charge  40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network	INN DED + 20%  No Charge 30%  No Charge	No Charge 40%  No Charge	No Charge 30%	No Charge 40%  No Charge	INN DED + 20%  No Charge 30%  No Charge	INN DED + 30%  No Charge  40%  No Charge	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network	INN DED + 20%  No Charge 30%	INN DED + 30%  No Charge 40%	INN DED + 20%  No Charge 30%	INN DED + 30%  No Charge 40%	INN DED + 20%  No Charge 30%	INN DED + 30%  No Charge  40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center)	No Charge 30% No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	No Charge 30% No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	No Charge 30% No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network V rays (Independent Diagnostic Center) In-Network	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network  Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network	No Charge 30% No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	No Charge 30% No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	No Charge 30% No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment	No Charge 30%  No Charge DED + 30%	No Charge 40%  No Charge DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network  Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Out-of-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit)	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if	
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In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit)	No Charge 30%  No Charge BED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED +	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED +	No Charge 30%  No Charge BED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 100 DED +	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted)  \$500 Copayment + INN DED +	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 100 DED +	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 40%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network  Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit)	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted)	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted)	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted)	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted)	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted)	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted)	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network  Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waiwed if Admitted) \$500 Copayment + INN DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$350 Copayment + Sopayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$30 Copayment	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30' (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$500 Copayment + Source	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waiwed if Admitted) \$500 Copayment + INN DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%	
In-Network Out-of-Network Services Office Services Office Services Office Services Out-of-Network Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Cout-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network	No Charge 30%  No Charge BED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + S25 Copayment \$25 Copayment	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$30 Copayment \$30 Copayment	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30' (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$40 Copayment \$40 Copayment	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Ambulance In-Network	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$350 Copayment + Sopayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment + INN DED + 20%  DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$30 Copayment	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30' (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$500 Copayment + Source	
in-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network Ambulance In-Network Out-of-Network Advanced Imaging	INN DED + 20%  No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + INN DED + 20%  \$25 Copayment + DED + 20% DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$250 Copayment + INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment Waived if Admitted) \$250 Copayment HINN DED + 20% \$30 Copayment S30 Copayment DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$40 Copayment \$40 Copayment DED + 30%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Ambulance In-Network Out-of-Network Out-of-Network Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)	INN DED + 20%  No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + INN DED + 20%  \$25 Copayment + DED + 20% DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment + INN DED + 20%  DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment Waived if Admitted) \$250 Copayment HINN DED + 20% \$30 Copayment S30 Copayment DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$40 Copayment S40 Copayment DED + 30%	
in-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network Ambulance In-Network Out-of-Network Advanced Imaging	INN DED + 20%  No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + INN DED + 20%  \$25 Copayment + DED + 20% DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment + INN DED + 20%  DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment Waived if Admitted) \$250 Copayment HINN DED + 20% \$30 Copayment S30 Copayment DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$40 Copayment S40 Copayment DED + 30%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network  Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Cutpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit)  In-Network Out-of-Network Cut-of-Network Cut-of-Network Emergency Room Facility (per visit)  In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Ambulance In-Network Out-of-Network Out-of-Network Out-of-Network Ambulance In-Network Out-of-Network Out-of-Netwo	INN DED + 20%  No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + INN DED + 20%  \$25 Copayment + DED + 20% DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment + INN DED + 20%  DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment DED + 30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment Waived if Admitted) \$250 Copayment HINN DED + 20% \$30 Copayment S30 Copayment DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$40 Copayment S40 Copayment DED + 30%	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network  Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network	INN DED + 20%  No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% S35 Copayment \$35 Copayment DED + 30% INN DED + 30%  30%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment HNN DED + 30% 30%  \$35 Copayment S35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$30 Copayment	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$40 Copayment DED + 30% INN DED + 30%  30%	
In-Network Out-of-Network Services Office Services Office Services Out-of-Network Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network Advanced Imaging (NRI, MRA, PET, CT & Nuclear Medicine) Physician Office In-Network Family Physician or Specialist Out-of-Network	INN DED + 20%  No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$30 Copayment \$30 Copayment DED + 20% INN DED + 20%	No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% S40 Copayment S40 Copayment S40 Copayment S40 Copayment S40 Copayment S40 Copayment	
In-Network Out-of-Network Services Office Services In-Network Family Physician/Specialist Out-of-Network Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit)  In-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Family Physician or Specialist Out-of-Network Independent Diagnostic Testing Center	INN DED + 20%  No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment DED + 20% INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment DED + 30% INN DED + 30% INN DED + 30%  30% DED + 40%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$25 Copayment DED + 20% INN DED + 20%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment DED + 30% INN DED + 30% INN DED + 30%  30% DED + 40%	No Charge 30%  No Charge DED + 30%  \$15 Copayment DED + 30%  Option 1: DED + 20% DED + 30%  \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%  \$30 Copayment \$30 Copayment DED + 20% INN DED + 20%  \$200 Copayment DED + 30%	No Charge 40%  No Charge 40%  No Charge DED + 40%  \$25 Copayment DED + 40%  Option 1: DED + 30% DED + 40%  \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%  \$40 Copayment DED + 30% INN DED + 30% INN DED + 30%  30%  DED + 40%	
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## Indian River County Health Plan Options - 2A, 2B, 3B Effective October 1, 2020

Product	BlueOptions		BlueOptions		BlueOptions	
Plan Number	Premier Gold Plan 03559	Premier Silver Plan 05302	Gold Option 2a	Silver Option 2a	Gold Option 2b / 3b	Silver Option 2b / 3b
Actuarial Value	88.2%	79.6%	86.2%	77.8%	87.4%	79.1%
Savings % by Plan	N/A	N/A	-2.3%	-2.3%	-0.9%	-0.6%
Projected Claims	\$24,255,000		\$23,705,000		\$24,042,000	
Savings \$	N/A		-\$550,000		-\$213,000	
Savings % Total	N/A		-2.3%		-0.9%	
Mental Health/ Alcohol & Substance Abuse Services						
	PAD ( Per Admission	PAD ( Per Admission	PAD ( Per Admission	PAD ( Per Admission	PAD ( Per Admission	PAD ( Per Admission
Inpatient / Outpatient Hospital Facility	Deductible)	Deductible)	Deductible)	Deductible)	Deductible)	Deductible)
In-Network	PAD \$200 + DED + 20%	\$500 PAD + DED + 30%	PAD \$200 + DED + 20%	\$500 PAD + DED + 30%	PAD \$200 + DED + 20%	\$500 PAD + DED + 30%
Out-of-Network	PAD \$400 + DED + 30%	\$1,000 PAD + DED + 40%	PAD \$400 + DED + 30%	\$1,000 PAD + DED + 40%	PAD \$400 + DED + 30%	\$1,000 PAD + DED + 40%
Specialist Visits						
In-Network	\$45 Copayment	\$60 Copayment	\$45 Copayment	\$60 Copayment	\$45 Copayment	\$60 Copayment
Out-of-Network	DED + 30%	DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%
Prescription Drugs (RX Administered through RX Benefits)						
1X Calendar Year Deductible Per Person	N/A	\$100 (must be met before Copays apply)	N/A	\$100 (must be met before Copays apply)	N/A	\$100 (must be met before Copays apply)
Generic	\$10 Copayment	\$5 Copayment	\$10 Copayment	\$5 Copayment	\$10 Copayment	\$5 Copayment
Preferred Brand Name	\$35 Copayment	\$50 Copayment	\$50 Copayment	\$65 Copayment	\$50 Copayment	\$65 Copayment
Non-Preferred Brand Name	\$50 Copayment	\$70 Copayment	\$65 Copayment	\$85 Copayment	\$75 Copayment	\$95 Copayment
Mail Order Drug (90-Day Supply)	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment
Maintepance Medication	2x Copayment at Covered	2x Copayment at Covered Pharmacies	2x Copayment at Covered Pharmacies	2x Copayment at Covered Pharmacies	2x Copayment at Covered Pharmacies	2x Copayment at Covered Pharmacies
Billing that may be charged by an out-of-net section on the Summary of Coverage docum	work provider, please refer to the	ne Out-of-network Benefits  **Quest Diagnostics				
is the preferred lab for bloodwork through F	lorida Blue. When using a lab ot	her than Quest, please be sure				