



HDHP (HSA) Plans

	HDHP (HSA) - \$2,000	HDHP (HSA) - \$3,000
Benefits	In-Network	In-Network
Deductible	\$2,000 EE Only Coverage /\$4,000 EE+Sp, EE+CH, Family	\$3,000 EE/\$6,000 Family
Deductible / OOP Max	Non-Embedded	Embedded
Employer Coinsurance	80%	70%
Emergency Room Copay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Office Visit Copay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Specialist Copay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Out of Pocket Maximum (including deductible)	\$5,000 EE/\$6,850 Family	\$6,550 EE/\$13,100 Family
Prescription Deductible	NA	NA
Retail Prescription Copay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Mail Order Prescription Copay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.