

Benefits	Gold EPO 750 80	Silver EPO 2000 Copay	Bronze EPO 4000 Copay	Silver MC 2000 60/50 Plan	Bronze MC 6500 Copay
Deductible	\$750/\$1,500	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000 \$4,000/\$8,000	\$6,500/\$13,000 \$13,000/\$26,000
OOP Maximum	\$6,000/\$12,000	\$7,000/\$14,000	\$7,150/\$14,300	\$7,150/\$14,300 \$14,300/\$28,600	\$7,150/\$14,300 \$14,300/\$28,600
PCP	\$30 DW	\$35 DW	\$50 DW	\$30 DW 50% AD	\$40 DW 50% AD
Specialist	\$40 DW	\$60 AD	\$75 AD	\$50 DW 50% AD	\$75 AD 50% AD
ER	20% AD	\$300 AD	\$500 AD	40% AD Paid as in-network	\$500 AD Paid as in-network
Urgent Care	\$50 DW	\$50 DW	\$50 DW	40% AD Paid as in-network	\$50 DW Paid as in-network
IP Hospital	20% AD	\$750 per admit AD	\$850 per admit AD	40% AD 50% AD	\$750 D, days 1-5 AD 50% AD
Lab	\$15 DW	\$35 DW	\$50 DW	40% AD 50% AD	\$40 DW 50% AD
X-ray		\$60 DW	\$125 DW		\$150 AD 50%AD
Complex Imaging	20% AD	\$250 AD	\$500 AD		\$500 AD 50% AD
Pharmacy Deductible	None	\$150 Ind/\$300 Fam	\$500 Ind/\$1,000 Fam	\$150 Ind/\$300 Fam	\$500 Ind/\$1,000 Fam
Tier 1,2,3	\$20/\$60/\$75	\$20/\$50/\$75	\$35/\$100/\$150	\$15DW/\$55/\$75	\$35DW/\$100/\$150
Tier 4	30% up to \$250	30% up to \$250	30% up to \$500	30% up to \$250	30% up to \$500