

2018 Small Group (1-50) Employer Plans

Basic Plans	Deductible		Out-of-pocket maximum		Diagnostic & Lab	In-network copay		ER Copay After Ded	Coinsurance		Rx tiers					
	In	Out	In	Out		Primary	Specialty		In	Out	T1	T2	T3	T4	T5	T6
Platinum 250	\$250	\$3,000	\$3,000	\$10,000	Unlimited	\$20	\$30	\$250	10%	50%	\$4	25%	\$25	50%	20%	50%
Platinum 500	\$500	\$3,000	\$3,000	\$10,000	Unlimited	\$20	\$30	\$250	10%	50%	\$4	25%	\$25	50%	20%	50%
Gold 500	\$500	\$5,000	\$7,350	\$10,000	Unlimited	\$30	\$50	\$300	30%	50%	\$4	25%	\$45	50%	20%	50%
Gold 1000	\$1,000	\$5,000	\$7,350	\$10,000	Unlimited	\$30	\$50	\$300	25%	50%	\$4	25%	\$40	50%	20%	50%
Gold 2000	\$2,000	\$5,000	\$7,350	\$10,000	Unlimited	\$30	\$50	\$300	25%	50%	\$4	25%	\$40	50%	20%	50%
Gold 2500	\$2,500	\$5,000	\$7,350	\$10,000	Unlimited	\$30	\$50	\$300	30%	50%	\$4	25%	\$40	50%	20%	50%
Silver 3250	\$3,250	\$5,000	\$7,350	\$10,000	Ded + coins	\$40	\$60	\$350	30%	50%	\$10	25%	\$50	50%	20%	50%
Silver 5500	\$5,500	\$7,500	\$7,350	\$10,000	Unlimited	\$40	\$60	\$400	50%	50%	\$10	25%	\$60	50%	20%	50%
Silver Essential 4000	\$4,000	\$5,000	\$6,750	\$10,000	Ded + coins	\$40 Prim/Spec/Urg 4 visits		Ded + coins	20%	50%	\$6	25%	25%	50%	20%	50%
Bronze Essential 5000	\$5,000	\$10,000	\$7,350	\$15,000	Ded + coins	\$40 Prim/Spec/Urg 4 visits		Ded + coins	25%	50%	\$6	25%	25%	50%	20%	50%

*Annual individual. Family is 2x.

Green box = Deductible waived

Available Options:

- Dental
- Add-On Adult Vision

Essential Formulary Tiers:

- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics
- Tier 3: Preferred Brand
- Tier 4: Non-Preferred Brand
- Tier 5: Preferred Specialty
- Tier 6: Non-Preferred Specialty

HSA Plans	Deductible		Out-of-pocket maximum		Coinsurance		Rx tiers					
	In	Out	In	Out	In	Out	T1	T2	T3	T4	T5	T6
Gold HSA 1500	\$1500	\$5,000	\$4,000	\$10,000	20%	50%	10%	25%	25%	50%	20%	50%
Silver HSA 2000	\$2,000	\$5,000	\$6,000	\$10,000	30%	50%	10%	25%	35%	50%	20%	50%
Silver HSA 3500	\$3,500	\$5,000	\$6,000	\$10,000	20%	50%	10%	25%	35%	50%	20%	50%
Silver HSA 4000	\$4,000	\$5,000	\$4,000	\$10,000	0%	50%	0%					
Bronze HSA 5000	\$5,000	\$10,000	\$6,650	\$15,000	50%	50%	50%	50%	50%	50%	20%	50%

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Essential Formulary Tiers:

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- Tier 2: Non-Preferred Generics
- Tier 3: Preferred Brand
- Tier 4: Non-Preferred Brand
- Tier 5: Preferred Specialty
- Tier 6: Non-Preferred Specialty

*Deductible waived for medications on Optimum Value Medication List

