

2023 Small Group Plan Changes

Effective January 1, 2023, regardless of a group's plan effective date.	
Vendor Changes	<p>We changed some of the vendors we partner with including:</p> <ul style="list-style-type: none"> • our pharmacy benefit manager from OptumRx[®] to Express Scripts (ESI) • our vision services vendor from EyeMed to VSP Vision Care (VSP)
Effective at the group's renewal and beginning with the group's plan 2023 effective date.	
Benefit Changes	<p>For HSA plans (Equity plans), the Continuous Glucose Monitors, Sensors, and Supplies (CGM) benefit will now be covered under the pharmacy benefit, per the applicable tier cost share amount. Pre-authorization is required.</p> <p>For HSA plans (Equity plans), the Diabetic Testing Supplies including test strips, lancets, lancet devices, blood glucose monitors and control solution benefit is now covered under the plan's pharmacy benefit, per the applicable tier cost share amount.</p> <p>The Ambulance Services benefit has been separated into Non-Emergent Ambulance Services and Emergency Ambulance Services, which may have different cost shares depending on the plan. Emergency Ambulance Services cost-share amounts will align with Emergency Services. Non-Emergent Ambulance Services will continue to require pre-authorization.</p> <p>Non-emergent ambulance related to mental health diagnoses will be covered as Other Outpatient Services under the Mental Health and Substance Use Disorder Services benefit.</p> <p>Virtual Consults for medical/surgical services will now be covered at no charge/no charge after deductible (depending on the plan) from an Sentara Health Plans-approved provider. This is a separate benefit from telemedicine visits scheduled with a member's provider.</p> <p>Virtual Consults for mental health/behavioral health services will be covered as Outpatient Office Visits under the Mental Health and Substance Use Disorder Services benefit at a separate cost share.</p> <p>Health Savings Account (HSA) limits have been updated for 2023.</p> <p>Minimum deductible:</p> <ul style="list-style-type: none"> • \$1,500 for self-only coverage (\$100 increase from 2022) • \$3,000 for family coverage (\$200 increase from 2022) • \$3,000 for embedded individual deductible (\$200 increase from 2022) <p>Out-of-pocket maximum:</p> <ul style="list-style-type: none"> • \$7,500 for self-only coverage (\$450 increase from 2022) • \$15,000 for family coverage (\$900 increase from 2022) <p>HSA contribution limits:</p> <ul style="list-style-type: none"> • \$3,850 for self-only coverage • \$7,750 for family coverage <p>Individuals 55 and over may contribute an extra \$1,000 to their HSA</p>

Effective at the group's renewal and beginning with the group's plan 2023 effective date.

Language Changes	<p>The following updates have been made under the Mental Health and Substance Use Disorder Services section:</p> <ul style="list-style-type: none"> • Separate rows for Residential Treatment Services and Partial Hospitalization/Intensive Outpatient Program Facility Services have been added. • Autism Spectrum Disorder has been moved to this section. • The separate row for Virtual Consults has been removed under this section.
	<p>Additional language Mental Health and Substance Use Disorder Services updates include:</p> <ul style="list-style-type: none"> • Outpatient Office Visits has been updated to read Outpatient Office Visits (PCP, Specialist or Virtual Consults). • Other Outpatient Visits (Facility/Freestanding Centers) has been updated to read Other Outpatient Services. • Inpatient Services has been updated to read Inpatient Hospital Services.
	<p>Language has been added to the following sections in the Benefit Summary to refer members to the updated Mental Health and Substance Use Disorder Services benefit. For mental health or substance use disorders You will pay the Copayment or Coinsurance listed under the applicable service for Mental Health and Substance Use Disorder Services. These sections include:</p> <ul style="list-style-type: none"> • Physician Office Visits: Outpatient Office Visits • Outpatient Therapies and Services: Other Outpatient Services • Outpatient Lab, Diagnostic Procedures, Imaging and Testing: Other Outpatient Services • Outpatient Advanced Imaging, Testing and Scans: Other Outpatient Services • Non-Emergent Ambulance Services: Other Outpatient Services • Urgent Care Services: Other Outpatient Services

New Plans:

Vantage Gold 750/30/20%	Vantage Gold 2000/30/20%
Vantage Silver 6500/0%	Plus Gold 750/30/20%
Plus Silver 6500/0%	Plus Gold 2000/30/20%
POS Gold 750/30/20%	POS Gold 2000/30/20%
POS Silver 6500/0%	

Discontinued Plans:

Vantage Gold 2000/30/0%	Plus Gold 2000/30/0%
Vantage Equity Silver 2800/10%	Plus Equity Silver 2800/10%
POS Gold 2000/30/0%	POS Design Silver 2000/30%

Document Key

AD = After Deductible
 MH = Mental Health
 MOOP = Maximum out-of-pocket
 T1 = Tier 1
 T2 = Tier 2

Dollar amounts = copayments | Percentages = coinsurances

Small Group Vantage Plan Changes

Vantage Platinum 15/30 Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 0%/T2: 20% • Diagnostic Tests - T1: 0%/T2: 20% • Outpatient Lab - T1: 0%/T2: 20% • Non-Emergency Ambulance - \$25 • Emergency Ambulance - \$350 • MH Outpatient Office Visits - \$25 • MH Other Outpatient Services - \$25 • Retail Tier 1 - \$10 • Retail Tier 2 - \$40 • Mail Order Tier 1 - \$25 • Mail Order Tier 2 - \$100 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 0%/T2: 20% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 0%/T2: 20%
Vantage Platinum 15/35 Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 20%/T2: 40% • Diagnostic Tests - T1: 20%/T2: 40% • Outpatient Lab - T1: 20%/T2: 40% • Non-Emergency Ambulance - \$25 • Emergency Ambulance - \$350 • MH Outpatient Office Visits - \$25 • MH Other Outpatient Services - \$25 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%

Vantage Platinum 20/20% Direct (formerly Vantage Platinum 20/20% Rx Ded Direct)	<ul style="list-style-type: none"> • Plan Name - Vantage Platinum 20/20% Direct • Non-Emergency Ambulance - 20% • Emergency Ambulance - 30% • MH Outpatient Office Visits - \$30 • Rx Deductible – None • Retail Tier 2 - \$50 • Retail Tier 3 - 20% • Retail Tier 4 - 20% (\$350 Max out-of-pocket per script) • Mail Order Tier 2 - \$125 • Mail Order Tier 3 - 20% (\$400 Max out-of-pocket per script) • Mail Order Tier 4 - 20% (\$350 Max out-of-pocket per script)
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Small Group Vantage Plan Changes Cont.

Vantage Platinum 25/50 Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 20%/T2: 40% • Diagnostic Tests - T1: 20%/T2: 40% • Outpatient Lab - T1: 20%/T2: 40% • Non-Emergency Ambulance - \$35 • Emergency Services - 30% • Emergency Ambulance - 30% • MH Outpatient Office Visits - \$35 • MH Other Outpatient Services - \$35 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%
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Vantage Platinum 25/50 Rx Ded Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 20%/T2: 40% • Diagnostic Tests - T1: 20%/T2: 40% • Outpatient Lab - T1: 20%/T2: 40% • Non-Emergency Ambulance - \$35 • Emergency Services - 30% • Emergency Ambulance - 30% • MH Outpatient Office Visits - \$35 • MH Other Outpatient Services - \$35 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%
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Vantage Gold 35/30% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$7,500/\$15,000 • Outpatient Surgery - T1: \$400/T2: \$800 • Outpatient Diagnostic Procedures - T1: \$35/T2: \$70 • Diagnostic Tests - T1: \$35/T2: \$70 • Outpatient Lab - T1: \$35/T2: \$70 • Advanced Imaging - T1: \$300/T2: \$600 • Inpatient Hospital - T1: \$600/day/\$2400 max/T2: \$1200/day/\$4800 max • Transplant - \$600/day/\$2400 max • Skilled Nursing - \$600/day/\$2400 max • Non-Emergency Ambulance - 30% • Emergency Ambulance - 40% • MH Inpatient Hospital - \$600/day/\$2400 max • MH Residential Treatment Center Services - \$600/day/\$2400 max • MH Outpatient Office Visits - \$45 • Rx Deductible - \$200 per person • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$35/T2: \$70 • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$35/T2: \$70
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Small Group Vantage Plan Changes Cont.

Vantage Gold 500/25/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$7,500/\$15,000 • Non-Emergency Ambulance - 20% AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$35 • Rx Deductible: \$200 per person
Vantage Gold 1000/25/30% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,200/\$12,400 • Non-Emergency Ambulance - 30% AD • Emergency Ambulance - 40% AD • MH Outpatient Office Visits - \$35
Vantage Gold 1250/20/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,500/\$13,000 • Non-Emergency Ambulance - 20% AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$30
Vantage Gold 1500/25/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,500/\$13,000 • Non-Emergency Ambulance - 20% AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$35
Vantage Gold 2000/25/30% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$5,500/\$11,000 • Non-Emergency Ambulance - 30% AD • Emergency Ambulance - 40% AD • MH Outpatient Office Visits - \$35
Vantage Gold 2000/25/30% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$5,500/\$11,000 • Non-Emergency Ambulance - 30% AD • Emergency Ambulance - 40% AD

	<ul style="list-style-type: none"> • MH Outpatient Office Visits - \$35
Vantage Gold 2800/35/0% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,400/\$16,800 • Emergency Ambulance - 20% AD • MH Outpatient Office Visits - \$45
Vantage Silver 3000/35/25% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,800/\$17,600 • Specialist - T1: \$70 AD/T2: \$140 AD • Emergency Ambulance - 35% AD • Urgent Care - \$70 AD • MH Outpatient Office Visits - \$45
Vantage Silver 4000/40/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,650/\$17,300 • Outpatient Diagnostic Procedures - T1: \$80 AD/T2: \$160 AD • Diagnostic Tests - T1: \$80 AD/T2: \$160 AD • Outpatient Lab - T1: \$80 AD/T2: \$160 AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$50 • Rx Deductible - \$250 per person • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$80 AD/T2: \$160 AD • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$80 AD/T2: \$160 AD
Small Group Vantage Plan Changes Cont.	
Vantage Silver 4750/45/20% Direct	<ul style="list-style-type: none"> • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$55
Vantage Silver 5600/40/20% Rx Ded Direct (formerly Vantage Silver 5500/40/20% Direct)	<ul style="list-style-type: none"> • Plan Name - Vantage Silver 5600/40/20% Rx Ded Direct • In Network Deductible: \$5,600/\$11,200 • In Network MOOP: \$8,800/\$17,600 • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$50 • Rx Deductible - \$200 per person • Retail Tier 2 - \$40 AD • Retail Tier 3 - 20% AD • Retail Tier 4 - 20% AD (\$350 Max out-of-pocket per script) • Mail Order Tier 2 - \$100 AD • Mail Order Tier 3 - 20% AD (\$400 Max out-of-pocket per script) • Mail Order Tier 4 - 20% AD (\$350 Max out-of-pocket per script)
Vantage Bronze 6600/30% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,200/\$16,400 • Emergency Ambulance - 40% AD
Vantage Equity Silver 3000/20% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,900/\$13,800 • Emergency Ambulance - 30% AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage

Vantage Equity Silver 4000/0% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,900/\$13,800 • Emergency Ambulance - 20% AD • Tier 1 Retail: \$15 AD, Preventive: \$15 • Tier 2 Retail: \$50 AD, Preventive: \$50 • Tier 3 Retail: 20% AD, Preventive: 20% • Tier 4 Retail: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script) • Tier 1 Mail Order: \$38 AD, Preventive: \$38 • Tier 2 Mail Order: \$125 AD, Preventive: \$125 • Tier 3 Mail Order: 20% AD, Preventive: 20% (\$400 Max out-of-pocket per script) • Tier 4 Mail Order: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script) • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
Vantage Equity Bronze 6100/40% Direct	<ul style="list-style-type: none"> • Emergency Ambulance - 50% AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
Vantage Equity Bronze 6500/0% Direct	<ul style="list-style-type: none"> • Emergency Ambulance - 20% AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
Small Group Plus Plan Changes	
Plus Platinum 15/30 Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 0% T2: 20% • Diagnostic Tests - T1: 0%/T2: 20% • Outpatient Lab - T1: 0%/T2: 20% • Non-Emergency Ambulance - \$25 • Emergency Ambulance - \$350 • MH Outpatient Office Visits - \$25 • MH Other Outpatient Services - \$25 • Retail Tier 1 - \$10 • Retail Tier 2 - \$40 • Mail Order Tier 1 - \$25 • Mail Order Tier 2 - \$100 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 0%/T2: 20% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 0%/T2: 20%

Plus Platinum 15/35 Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 20%/T2: 40% • Diagnostic Tests - T1: 20%/T2: 40% • Outpatient Lab - T1: 20%/T2: 40% • Non-Emergency Ambulance - \$25 • Emergency Ambulance - \$350 • MH Outpatient Office Visits - \$25 • MH Other Outpatient Services - \$25 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%
Plus Gold 500/25/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$7,500/\$15,000 • OON MOOP: \$15,000/\$30,000 • Non-Emergency Ambulance - 20% AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$35 • Rx Deductible: \$200 per person
Plus Gold 1250/20/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,500/\$13,000 • OON MOOP: \$13,000/\$26,000 • Non-Emergency Ambulance - 20% AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$30 Copayment
Plus Gold 1500/25/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,500/\$13,000 • OON MOOP: \$13,000/\$26,000 • Non-Emergency Ambulance - 20% AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$35
Small Group Plus Plan Changes Cont.	
Plus Gold 2000/25/30% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$5,500/\$11,000 • OON MOOP: \$11,000/\$22,000 • Non-Emergency Ambulance - 30% AD • Emergency Ambulance - 40% AD • MH Outpatient Office Visits - \$35
Plus Gold 2800/35/0% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,400/\$16,800 • OON MOOP: \$16,800/\$33,600 • Emergency Ambulance - 20% AD • MH Outpatient Office Visits - \$45

Plus Silver 3000/35/25% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,800/\$17,600 • OON MOOP: \$17,600/\$35,200 • Specialist - T1: \$70 AD/T2: \$140 AD • Emergency Ambulance - 35% AD • Urgent Care - \$70 AD • MH Outpatient Office Visits - \$45
Plus Silver 4000/40/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,650/\$17,300 • OON MOOP: \$17,000/\$34,000 • Outpatient Diagnostic Procedures - T1: \$80 AD/T2: \$160 AD • Diagnostic Tests - T1: \$80 AD/T2: \$160 AD • Outpatient Lab - T1: \$80 AD/T2: \$160 AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$50 • Rx Deductible - \$250 per person • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$80 AD/T2: \$160 AD • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$80 AD/T2: \$160 AD
Plus Silver 5600/40/20% Rx Ded Direct (formerly Plus Silver 5500/40/20% Direct)	<ul style="list-style-type: none"> • Plan Name - Plus Silver 5600/40/20% Rx Ded Direct • In Network Deductible: \$5,600/\$11,200 • OON Deductible: \$11,200/\$22,400 • In Network MOOP: \$8,800/\$17,600 • OON MOOP: \$17,600/\$35,200 • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$50 • Rx Deductible - \$200 per person • Retail Tier 2 - \$40 AD • Retail Tier 3 - 20% AD • Retail Tier 4 - 20% AD (\$350 Max out-of-pocket per script) • Mail Order Tier 2 - \$100 AD • Mail Order Tier 3 - 20% AD (\$400 Max out-of-pocket per script) • Mail Order Tier 4 - 20% AD (\$350 Max out-of-pocket per script)
Small Group Plus Plan Changes Cont.	
Plus Equity Silver 3000/20% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,900/\$13,800 • OON MOOP: \$13,800/\$27,600 • Emergency Ambulance - 30% AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage

Plus Equity Silver 4000/0% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,900/\$13,800 • OON MOOP: \$13,800/\$27,600 • Emergency Ambulance - 20% AD • Tier 1 Retail: \$15 AD, Preventive: \$15 • Tier 2 Retail: \$50 AD, Preventive: \$50 • Tier 3 Retail: 20% AD, Preventive: 20% • Tier 4 Retail: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script) • Tier 1 Mail Order: \$38 AD, Preventive: \$38 • Tier 2 Mail Order: \$125 AD, Preventive: \$125 • Tier 3 Mail Order: 20% AD, Preventive: 20% (\$400 Max out-of-pocket per script) • Tier 4 Mail Order: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script) • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
Plus Equity Bronze 6500/0% Direct	<ul style="list-style-type: none"> • Emergency Ambulance - 20% AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
Small Group POS Plan Changes	
POS Platinum 15/30 Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 0%/T2: 20% • Diagnostic Tests - T1: 0%/T2: 20% • Outpatient Lab - T1: 0%/T2: 20% • Non-Emergency Ambulance - \$25 • Emergency Ambulance - \$350 • MH Outpatient Office Visits - \$25 • MH Other Outpatient Services - \$25 • Retail Tier 1 - \$10 • Retail Tier 2 - \$40 • Mail Order Tier 1 - \$25 • Mail Order Tier 2 - \$100 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 0%/T2: 20% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 0%/T2: 20%
POS Platinum 15/35 Direct	<ul style="list-style-type: none"> • Outpatient Diagnostic Procedures - T1: 20%/T2: 40% • Diagnostic Tests - T1: 20%/T2: 40% • Outpatient Lab - T1: 20%/T2: 40% • Non-Emergency Ambulance - \$25

Small Group POS Plan Changes Cont.

POS Platinum 15/35 Direct Cont.	<ul style="list-style-type: none"> • Emergency Ambulance - \$350 • MH Outpatient Office Visits - \$25 • MH Other Outpatient Services - \$25 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40% • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%
POS Gold 500/25/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$7,500/\$15,000 • OON MOOP: \$15,000/\$30,000 • Non-Emergency Ambulance - 20% AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$35 • Rx Deductible: \$200 per person
POS Gold 1000/25/30% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,200/\$12,400 • OON MOOP: \$12,400/\$24,800 • Non-Emergency Ambulance - 30% AD • Emergency Ambulance - 40% AD • MH Outpatient Office Visits - \$35
POS Gold 2000/25/30% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$5,500/\$11,000 • OON MOOP: \$11,000/\$22,000 • Non-Emergency Ambulance - 30% AD • Emergency Ambulance - 40% AD • MH Outpatient Office Visits - \$35
POS Gold 2800/35/0% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,400/\$16,800 • OON MOOP: \$16,800/\$33,600 • Emergency Ambulance - 20% AD • MH Outpatient Office Visits - \$45
POS Silver 3000/35/25% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$8,800/\$17,600 • OON MOOP: \$17,600/\$35,200 • Specialist - T1: \$70 AD/T2: \$140 AD • Emergency Ambulance - 35% AD • Urgent Care - \$70 AD • MH Outpatient Office Visits - \$45
POS Silver 3500/20% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$7,500/\$15,000 • OON MOOP: \$15,000/\$30,000 • Outpatient Diagnostic Procedures - T1: \$70 AD/T2: \$140 AD • Diagnostic Tests - T1: \$70 AD/T2: \$140 AD • Outpatient Lab - T1: \$70 AD/T2: \$140 AD • Advanced Imaging - T1: \$300 AD/T2: \$600 AD • Emergency Ambulance - 30% AD • MH Outpatient Office Visits - \$45 • Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$70 AD/T2: \$140 AD

Small Group POS Plan Changes Cont.

POS Silver 3500/20% Direct cont.	<ul style="list-style-type: none"> • Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$70 AD/T2: \$140 AD
POS Equity Silver 3000/20% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,900/\$13,800 • OON MOOP: \$13,800/\$27,600 • Emergency Ambulance - 30% AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
POS Equity Silver 4000/0% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$6,900/\$13,800 • OON MOOP: \$13,800/\$27,600 • Emergency Ambulance - 20% AD • Tier 1 Retail: \$15 AD, Preventive: \$15 • Tier 2 Retail: \$50 AD, Preventive: \$50 • Tier 3 Retail: 20% AD, Preventive: 20% • Tier 4 Retail: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script) • Tier 1 Mail Order: \$38 AD, Preventive: \$38 • Tier 2 Mail Order: \$125 AD, Preventive: \$125 • Tier 3 Mail Order: 20% AD, Preventive: 20% (\$400 Max out-of-pocket per script) • Tier 4 Mail Order: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script) • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
POS Equity Bronze 6200/40/30% Direct	<ul style="list-style-type: none"> • In Network MOOP: \$7,050/\$14,100 • OON MOOP: \$14,100/\$28,200 • Emergency Ambulance - 40% AD • MH Outpatient Office Visits - \$50 AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
POS Equity Bronze 6500/0% Direct	<ul style="list-style-type: none"> • Emergency Ambulance - 20% AD • Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage
POS Design Silver 3000/20% Rx Ded Direct	<ul style="list-style-type: none"> • In Network MOOP: \$7,700/\$15,400 • OON MOOP: \$15,400/\$30,800 • Emergency Ambulance - 30% AD • Rx Deductible: \$250 per person