

# Benefits Summary – Green Plan

Plan Benefits	In-Network	Out-of-Network <sup>1</sup>
Employer HSA Funding	\$250 Individual / \$500 Family	
Aggregate Deductible*	\$2,500 Individual / \$5,000 Family	\$5,000 Individual / \$10,000 Family
Coinsurance (what you pay)	20%	50%
Out-of-Pocket Maximum (includes deductible)	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
Physician Office Visits	20% after deductible	50% after deductible
Telemedicine – Amwell Urgent Care Behavioral Health Nemours App	20% after deductible	20% after deductible
Wellness / Routine Care Physical Exams / Vision Exam Well-Child Care Routine Mammograms	0%	50% after deductible
Diagnostic Mammograms	0% after deductible	50% after deductible
Diagnostic X-ray and Lab Services	20% after deductible	50% after deductible
Hospital	20% after deductible	50% after deductible
Surgical	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible
Emergency Room	20% after deductible	
Prescription Drug**	20% after the deductible \$10 co-pay for non-ACA preventive generics 100% for ACA preventive generics	

\* Note: if more than one person is covered, the full family deductible must be met before benefits are paid

\*\* Co-pay assistance dollars for Specialty Rx will lower the Rx cost. Please note the manufacturer co-pay assistance will not be used to satisfy the deductible and out-of-pocket maximum