Benefits Summary – Red, Blue and White Plans

Plan Benefits*	Red (PPO)		Blue (EPO)	White (PPO)	
	In-Network	Out-of-Network[1]	In-Network ONLY (EPO)	In-Network	Out-of-Network[1]
Deductible **Coinsurance** (what you pay) **Out-of-Pocket Maximum** (includes deductible, coinsurance and co-pays)	$500 Single / $1,000 Family 20% $4,000 Single / $8,000 Family	$1,000 Single / $2,000 Family 40% $8,000 Single / $16,000 Family	$600 Single / $1,200 Family 20% $4,000 Single / $8,000 Family	$1,200 Single / $2,400 Family 30% $4,000 Single / $8,000 Family	$2,400 Single / $4,800 Family 50% $8,000 Single / $16,000 Family
Income-Based Health Reimbursement Account (if eligible)	$1,000 Single / $2,000 Family		$1,000 Single / $2,000 Family	$1,000 Single / $2,000 Family	
Primary Care Office Visits **Specialist Office Visits**	$30 co-pay $40 co-pay	40% 40%	$40 co-pay $50 co-pay	$40 co-pay $50 co-pay	50%/50% 50%/50%
Telemedicine — Amwell Urgent Care Behavioral Health Nemours App (children only)	$25 co-pay $30 co-pay $15 co-pay	Not Covered	$35 co-pay $40 co-pay $15 co-pay	$35 co-pay $40 co-pay $15 co-pay	Not Covered
Wellness/Routine Care Physical Exams/Vision Exam Well-Child Care Routine & Diagnostic Mammograms	0%	40%	0%	0%	50%
Diagnostic X-Ray & Lab Services Inpatient or Outpatient	20%	40%	20%	30%	50%
Hospital Benefits, Surgical Benefits Inpatient or Outpatient	20%	40%	20%	30%	50%
Emergency Room (co-pay waived, if admitted) **Urgent Care Center** **Ambulance Services**	$250 co-pay $50 co-pay $50 co-pay	$250 co-pay $50 co-pay $50 co-pay	$250 co-pay $50 co-pay $50 co-pay	$250 co-pay $50 co-pay $50 co-pay	$250 co-pay $50 co-pay $50 co-pay
Mental Health/Substance Abuse Inpatient, Partial Hospital and Intensive Outpatient Care Office Visits	20% $30 co-pay	40% 40%	20% $40 co-pay	30% $40 co-pay	50% 50%
Chiropractic (30 days maximum per calendar year)	$40 co-pay	40%	$50 co-pay	$50 co-pay	50%
Short-term Rehab Physical, Speech, Occupational, Cardiac or Cognitive Therapy	$40 co-pay	40%	$50 co-pay	$50 co-pay	50%
Other Benefits: Fertility Benefits (2 Smart Cycles per lifetime) Maternity Support Type 2 Diabetes Management Centers of Excellence (certain surgeries) Virtual Physical Therapy 2nd Opinion	20% 0% 0% 0% 0% 0%	Not Covered	20% 0% 0% 0% 0% 0%	30% 0% 0% 0% 0% 0%	Not Covered
Prescription Drug Generic Rx Preferred Brand Rx Non-Preferred Brand Rx Maintenance Medications (90-day supply)	$10 co-pay 20% (min. $30, max. $60) 40% (min. $60, max. $120) 2.5 x co-pay or coinsurance 2.0 x co-pay or coinsurance (Nemours Onsite Pharmacy)	Not Covered	$10 co-pay 20% (min. $30, max. $60) 40% (min. $60, max. $120) 2.5 x co-pay or coinsurance 2.0 x co-pay or coinsurance (Nemours Onsite Pharmacy)	$10 co-pay 20% (min. $30, max. $60) 40% (min. $60, max. $120) 2.5 x co-pay or coinsurance 2.0 x co-pay or coinsurance (Nemours Onsite Pharmacy)	Not Covered
Prescription Drug Specialty**	20% (min. $100, max. $200)	Not Covered	20% (min. $100, max. $200)	20% (min. $100, max. $200)	Not Covered

*Percentages indicate what you pay

[1] All out-of-network benefits are subject to balance billing. If there is a discrepancy between the information here and the plan document, the plan document governs. This chart does not describe all plan exclusions or limitations. **For services shown above with coinsurance, this is applied after the deductible. The only exception is with the prescription plans.**

**Specialty medications included on the SaveOnSP drug list may be filled through the SaveOnSP program at significant cost savings to you. Please note that manufacturer assistance for the drugs on the SaveOnSP list requires program enrollment and will not be used to satisfy the deductible and out-of-pocket maximum