State Health Benefit Plan

Medical Benefits	Gold Plan			Silver Plan				Bronze Plan					
2020	Network	Network Provider Out-of-Network		Network	Provider	Out-of-Network		Network	(Provider	Out-of-Network			
Deductible													
You	\$1.	500	\$3.	000	\$2,0	000	\$4.	000	\$2.	,500	\$ 5.	000	
You + Child(ren) or Spouse	\$2,250		\$4,500		\$3,000			\$6,000		\$3,750		\$7,500	
You + Family	\$3,000		\$6,000		\$4,000		\$8,000			,000		,000	
Out-of-Pocket Limit													
You	\$4,000		\$8,000		\$5,000		\$10,000		\$6,	,000	\$12,000		
You + Child(ren) or Spouse	\$6,000		\$12,000		\$7,500		\$15,000		\$9,	,000	\$18,000		
You + Family	\$8,000		\$16	,000	\$10,000		\$20,000		\$12,000		\$24,000		
Coinsurance (Plan Pays)	85	5%	60)%	80	%	60	0%	7:	5%	60)%	
HRA													
You	\$400					\$2			\$100				
You + Child(ren) or Spouse	\$600				\$300				\$150				
You + Family	\$800				\$400				\$200				
Medical													
ER		coins af	ter ded		coins after ded				coins after ded				
Urgent Care	coins after ded				coins after ded				coins after ded				
PCP Visit	coins after ded				coins after ded				coins after ded				
Specialist Visit	coins after ded				coins after ded				coins after ded				
Preventive Care	10	0%		overed	100	0%	Not covered		10	00%	Not covered		
Telemedicine/Virtual Visit		erage; not	Not covered		80% cove	• .	Not covered			erage; not	Not covered		
l elemedicine, virtual visit	subject to	deductible			subject to	deductible			subject to	deductible	ductible		
Retail Rx													
Tier 1		15%, Min \$2				15%, Min \$2			15%, Min \$20, Max \$50				
Tier 2	25%, Min \$50, Max \$80				25%, Min \$50, Max \$80				25%, Min \$50, Max \$80				
Tier 3	25%, Min \$80, Max \$125				25%, Min \$80, Max \$125				25%, Min \$80, Max \$125				
Mail Order Rx - 90-Day													
Tier 1	15%, Min \$50, Max \$125				15%, Min \$50, Max \$125				15%, Min \$50, Max \$125				
Tier 2	25%, Min \$125, Max \$200				25%, Min \$125, Max \$200				25%, Min \$125, Max \$200				
Tier 3	25%, Min \$200, Max \$313				25%, Min \$200, Max \$313				25%, Min \$200, Max \$313				
Rx OOPM	Combined with Medical				Combined with Medical				Combined with Medical				
Premiums (Monthly)	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	
Tobacco Surcharge = +\$80.00	\$168.73	\$307.13	\$418.09	\$556.50	\$110.89	\$208.80	\$296.62	\$394.54	\$72.45	\$143.46	\$215.91	\$286.92	

State Health Benefit Plan

Medical Benefits	Anth	em (BCE	S)/UHC	нмо	HDHP				Kaiser HMO				
2020	Network Provider				Network	Provider	Out-of-	Network	Network Provider				
Deductible													
You	\$1,300				\$3,500 \$7,000			None					
You + Child(ren) or Spouse	\$1,950					\$7,000 \$14,000			None				
You + Family	\$2,600					\$7,000 \$14,000			None				
Out-of-Pocket Limit		·			. ,		·						
You	\$4,000				\$6,450 \$12,900			\$6,350					
You + Child(ren) or Spouse	\$6,500				\$12,900 \$25,				\$12,700				
You + Family	\$9,000				\$12,900 \$25,80				\$12,700				
Coinsurance (Plan Pays)	80%			70	70% 50%			100%					
HRA		5070				70%							
You		N	/Δ			N	/A		N/A				
You + Child(ren) or Spouse	N/A N/A					N,			N/A				
You + Family			/A				/A		N/A				
Medical			,,,			,					,,,,		
ER		\$150	conav			coins af	ter ded		\$150 copay				
Urgent Care		\$150 copay \$35 copay				coins after ded				\$35 copay			
PCP Visit			сорау			coins af			\$35 copay				
Specialist Visit	\$45 copay				coins after ded				\$45 copay				
Preventive Care	100%				10	0%		overed	100%				
Telemedicine/Virtual Visit	100% coverage after \$35 PCP co-pay				70% co	verage	Not co	overed	100% coverage				
Retail Rx													
Tier 1	\$20 copay				70% coins after ded				\$20 copay				
Tier 2			сорау		70% coins after ded				\$50 copay				
Tier 3		\$90	сорау			70% coins	after ded		\$80 copay				
Mail Order Rx - 90-Day													
Tier 1			сорау			70% coins			\$50 copay				
Tier 2	\$125 copay				70% coins after ded				\$125 copay				
Tier 3			сорау			70% coins			\$200 copay				
Rx OOPM	Combined with Medical				Combined with Medical			Combined with Medical					
Premiums (Monthly)	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	
Tobacco Surcharge = +\$80.00	\$135.65	\$250.90	\$348.63	\$463.89	\$58.03	\$118.94	\$185.62	\$246.54	\$142.71	\$262.59	\$362.49	\$482.37	
	\$172.56	\$313.65	\$426.14	\$567.22	1								