

All Copay & Prescription Drug values displayed are in-network benefits only.

Step 1: Choose Your Network Offering HMO POS

Step 2: Choose Your Plan Design - Multiple options available to fit your employee needs

Copay Plus Plan Options - For employers that want to offer great coverage and affordable office visits

Select a Plan	Deductible		Coinsurance		Max Out-of-Pocket		Copays			Prescription Drug Options		
	In Network	Out of Network*	In Network	Out of Network*	In Network	Out of Network*	Primary Care Office Visit	Specialist Office Visit	Emergency Room	#1	#2	#3
<input type="checkbox"/> Platinum	\$250	\$1,000	10%	20%	\$1,750	\$3,500	\$30	\$60	\$325	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$500									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$1,250									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gold	\$1,500	20%	40%	\$5,600	\$11,200	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Gold	\$2,000					<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Silver	\$5,100					<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bronze	\$8,700	\$17,400	0%	0%	\$8,700	\$17,400	\$60	\$120	\$500	\$15 Generics and No Charge After Deductible on All Other Tiers		

Copay Plus Prescription Drug Options & Details - Select an option to complete your plan design.

#1: \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty

#2: \$10 Generic, \$40 Preferred Brand, 50% Non-Preferred Brand, 50% Specialty

#3: \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty (**\$250 additional Rx deductible on non-generic Tiers 2-4**)

HSA-Eligible Plan Options - For employers that want to offer lower premiums and health savings account compatibility

Select a Plan	Deductible		Coinsurance		Max Out-of-Pocket		HSA-Eligible Prescription Drug Details
	In Network	Out of Network*	In Network	Out of Network*	In Network	Out of Network*	
<input type="checkbox"/> Gold	\$1,500	\$3,000	30%	60%	\$6,000	\$12,000	30% coinsurance after deductible
<input type="checkbox"/> Gold	\$2,500	\$5,000	0%	0%	\$2,500	\$5,000	No charge after deductible
<input type="checkbox"/> Gold**	\$3,200	\$6,400			\$3,200	\$6,400	
<input type="checkbox"/> Gold**	\$3,800	\$7,600			\$3,800	\$7,600	
<input type="checkbox"/> Silver**	\$4,100	\$8,200	30%	60%	\$7,000	\$14,000	30% coinsurance after deductible
<input type="checkbox"/> Silver**	\$4,300	\$8,600	0%	0%	\$4,300	\$8,600	No charge after deductible
<input type="checkbox"/> Silver**	\$5,200	\$10,400			\$5,200	\$10,400	
<input type="checkbox"/> Silver**	\$6,100	\$12,200			\$6,100	\$12,200	
<input type="checkbox"/> Bronze**	\$7,000	\$14,000			\$7,000	\$14,000	

Our HSA-eligible plans are designed to offer maximum consumer value. Plan options marked with a double asterisk (**) carry embedded deductibles and offer benefits to each individual on a family plan after the single deductible has been met. All HSA plans also offer a separate formulary with increased access to lower cost generic drugs. Contact a Prevea360 Health Plan representative for more information.

*Out of Network values are for POS plans only

See the reverse side for additional PPO options. ►

Step 3: Choose Your PPO Plan Design - Select a PPO option for employees living outside the network area

Copay Plus Plan Options - For employers that want to offer great coverage and affordable office visits

Available PPO Options	Deductible		Coinsurance		Max Out-of-Pocket		Copays		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Primary Care Office Visit	Specialist Office Visit	Emergency Room
<input type="checkbox"/> Platinum	\$250	\$1,000	10%	20%	\$1,750	\$3,500	\$40	\$40	\$325
<input type="checkbox"/> Platinum	\$500								
<input type="checkbox"/> Platinum	\$1,250								
<input type="checkbox"/> Gold	\$1,500	20%	40%	\$5,600	\$11,200				
<input type="checkbox"/> Gold	\$2,000								
<input type="checkbox"/> Silver	\$5,100	\$10,200	30%	50%	\$8,550	\$17,100			

Copay Plus Prescription Drug Details - \$10 Generic, \$40 Preferred Brand, \$75 Non-Preferred Brand, \$150 Specialty

HSA-Eligible Plan Options - For employers that want to offer lower premiums and health savings account compatibility

Available PPO Options	Deductible		Coinsurance		Max Out-of-Pocket		HSA-Eligible Prescription Drug Details
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
<input type="checkbox"/> Gold	\$2,500	\$5,000	0%	0%	\$2,500	\$5,000	No charge after deductible
<input type="checkbox"/> Silver**	\$4,300	\$8,600			\$4,300	\$8,600	
<input type="checkbox"/> Bronze**	\$7,000	\$14,000			\$7,000	\$14,000	

Our HSA-eligible plans are designed to offer maximum consumer value. Plan options marked with a double asterisk (**) carry embedded deductibles and offer benefits to each individual on a family plan after the single deductible has been met. All HSA-eligible plans offer a separate formulary with increased access to lower cost generic drugs. Contact a Prevea360 Health Plan representative for more information.

For more details about plan options, talk with your Prevea360 Sales Executive Team at 877-230-7615 (TTY:711).