

2024 Small Employer Plan Options



Step 1: Choose Your Network Offering HMO POS

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

All copay and prescription values displayed are in-network benefits only.

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
<input type="checkbox"/> Platinum	\$0	\$1,000	10%	20%	\$1,850	\$3,700	\$30	\$60	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$250									<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$500									<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Platinum	\$1,250									<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gold	\$1,500	20%	40%	\$6,150	\$12,300	<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/> Gold	\$2,000					<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/> Silver	\$5,100	30%	60%	\$8,900	\$17,800	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Bronze	\$9,450	\$18,900	0%	0%	\$9,450	\$18,900	\$40	\$80	\$25 generics and no-charge after deductible on all other tiers		

Copay Plus Prescription Drug Options and 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

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	\$1,700	\$3,400	30%	60%	\$4,500	\$9,000	30% coinsurance after deductible
<input type="checkbox"/> Gold	\$2,800	\$5,600	0%	0%	\$2,800	\$5,600	No charge after deductible
<input type="checkbox"/> Gold**	\$3,200	\$6,400			\$3,200	\$6,400	
<input type="checkbox"/> Gold**	\$3,750	\$7,500			\$3,750	\$7,500	
<input type="checkbox"/> Silver**	\$4,100	\$8,200	30%	60%	\$7,000	\$14,000	30% coinsurance after deductible
<input type="checkbox"/> Silver**	\$5,100	\$10,200	0%	0%	\$5,100	\$10,200	No charge after deductible
<input type="checkbox"/> Silver**	\$5,800	\$11,600			\$5,800	\$11,600	
<input type="checkbox"/> Silver**	\$6,500	\$13,000			\$6,500	\$13,000	
<input type="checkbox"/> Bronze**	\$8,050	\$16,100			\$8,050	\$16,100	

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 representative for more information.

*Out-of-network values are for POS plans only

For more details about plan options talk with your Prevea360 Health Plan sales team at (877) 230-7615 (TTY: 711)

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

Select a Plan	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%	\$1,850	\$3,700	\$40	\$40	\$500
<input type="checkbox"/> Platinum	\$500								
<input type="checkbox"/> Platinum	\$1,250	\$2,500							
<input type="checkbox"/> Gold	\$1,500	\$3,000	20%	40%	\$6,150	\$12,300			
<input type="checkbox"/> Gold	\$2,000	\$4,000							
<input type="checkbox"/> Silver	\$5,100	\$10,200	30%	50%	\$8,900	\$17,800	\$60	\$60	

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

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	\$1,700	\$3,400	30%	50%	\$4,500	\$9,000	30% coinsurance after deductible
<input type="checkbox"/> Gold	\$2,800	\$5,600	0%	0%	\$2,800	\$5,600	No charge after deductible
<input type="checkbox"/> Gold**	\$3,200	\$6,400			\$3,200	\$6,400	
<input type="checkbox"/> Gold**	\$3,750	\$7,500			\$3,750	\$7,500	
<input type="checkbox"/> Silver**	\$4,100	\$8,200	30%	50%	\$7,000	\$14,000	30% coinsurance after deductible
<input type="checkbox"/> Silver**	\$5,100	\$10,200	0%	0%	\$5,100	\$10,200	No charge after deductible
<input type="checkbox"/> Silver**	\$5,800	\$11,600			\$5,800	\$11,600	
<input type="checkbox"/> Silver**	\$6,500	\$13,000			\$6,500	\$13,000	
<input type="checkbox"/> Bronze**	\$8,050	\$16,100			\$8,050	\$16,100	

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Have questions? We're here to help.

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