

# Standard EPO HSA Plans

PLAN NAME	Deductible		Coinsurance What Participants Pay	Out-of-Pocket Maximum		Office Visit		Emergency Room	Urgent Care	MDLIVE® Virtual Visits
	Single	Family		Single	Family	PCP	Specialist			
LFS24HSAE1600_0	\$1,600	\$3,200	0%	\$1,600	\$3,200	\$0*	\$0*	\$0*	\$0*	\$0*
LFS24HSAE1600_20	\$1,600	\$3,200	20%	\$2,000	\$4,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE2000_0	\$2,000	\$4,000	0%	\$2,000	\$4,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE2000_20	\$2,000	\$4,000	20%	\$2,500	\$5,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE2500_0	\$2,500	\$5,000	0%	\$2,500	\$5,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE2500_20	\$2,500	\$5,000	20%	\$3,000	\$6,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE3000_0	\$3,000	\$6,000	0%	\$3,000	\$6,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE3000_20	\$3,000	\$6,000	20%	\$5,000	\$10,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE3500_0	\$3,500	\$7,000	0%	\$3,500	\$7,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE3500_20	\$3,500	\$7,000	20%	\$5,500	\$11,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE4000_0	\$4,000	\$8,000	0%	\$4,000	\$8,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE4000_20	\$4,000	\$8,000	20%	\$6,000	\$12,000	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE5000_0	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE5000_20	\$5,000	\$10,000	20%	\$6,550	\$13,100	\$25*	\$75*	\$400*	\$150*	\$0*
LFS22HSAE6500_0	\$6,500	\$13,000	0%	\$6,500	\$13,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS22HSAE7000_0	\$7,000	\$14,000	0%	\$7,000	\$14,000	\$0*	\$0*	\$0*	\$0*	\$0*
LFS24HSAE8000_0	\$8,000	\$16,000	0%	\$8,000	\$16,000	\$0*	\$0*	\$0*	\$0*	\$0*

**\*Cost per visit after deductible has been met**

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

## Pharmacy Benefits

		All Standard EPO HSA Plans with 0% Coinsurance	All Standard EPO HSA Plans with 20% Coinsurance
Retail 30-day supply	SmartChoice (adherence generic drugs)	Deductible	\$0 per prescription or refill after deductible
	Generic drugs	Deductible	\$25 per prescription or refill after deductible
	Preferred drugs	Deductible	\$45 per prescription or refill after deductible
	Non-preferred drugs	Deductible	\$80 per prescription or refill after deductible
	Preferred specialty drugs	Deductible	25% after deductible
	Non-preferred specialty drugs	Deductible	40% after deductible
Mail order 90-day supply	SmartChoice (adherence generic drugs)	Deductible	\$0 per prescription or refill after deductible
	Generic drugs	Deductible	\$65 prescription or refill after deductible
	Preferred drugs	Deductible	\$120 prescription or refill after deductible
	Non-preferred drugs	Deductible	\$240 prescription or refill after deductible
	Preferred specialty drugs	No mail order	No mail order
	Non-preferred specialty drugs	No mail order	No mail order