

## 2023 Small Group Plan Changes

Effective January 1, 2023, regardless of a group's plan effective date.	
<b>Vendor Changes</b>	<p>We changed some of the vendors we partner with including:</p> <ul style="list-style-type: none"> <li>• our pharmacy benefit manager from OptumRx® to Express Scripts (ESI)</li> <li>• our vision services vendor from EyeMed to VSP Vision Care (VSP)</li> </ul>
Effective at the group's renewal and beginning with the group's plan 2023 effective date.	
<b>Benefit Changes</b>	<p>For <b>HSA plans</b> (Equity plans), the <b>Continuous Glucose Monitors, Sensors, and Supplies (CGM)</b> benefit will now be covered under the pharmacy benefit, per the applicable tier cost share amount. Pre-authorization is required.</p> <p>For <b>HSA plans</b> (Equity plans), the <b>Diabetic Testing Supplies including test strips, lancets, lancet devices, blood glucose monitors and control solution</b> benefit is now covered under the plan's pharmacy benefit, per the applicable tier cost share amount.</p> <p>The <b>Ambulance Services</b> benefit has been separated into <b>Non-Emergent Ambulance Services</b> and <b>Emergency Ambulance Services</b>, which may have different cost shares depending on the plan. Emergency Ambulance Services cost-share amounts will align with Emergency Services. Non-Emergent Ambulance Services will continue to require pre-authorization.</p> <p>Non-emergent ambulance related to mental health diagnoses will be covered as <b>Other Outpatient Services</b> under the <b>Mental Health and Substance Use Disorder Services</b> benefit.</p> <p><b>Virtual Consults for medical/surgical services</b> will now be covered at no charge/no charge after deductible (depending on the plan) from an Optima Health-approved provider. This is a separate benefit from telemedicine visits scheduled with a member's provider.</p> <p><b>Virtual Consults for mental health/behavioral health</b> services will be covered as <b>Outpatient Office Visits</b> under the <b>Mental Health and Substance Use Disorder Services</b> benefit at a separate cost share.</p> <p>Health Savings Account (HSA) limits have been updated for 2023.</p> <p><b>Minimum deductible:</b></p> <ul style="list-style-type: none"> <li>• \$1,500 for self-only coverage (\$100 increase from 2022)</li> <li>• \$3,000 for family coverage (\$200 increase from 2022)</li> <li>• \$3,000 for embedded individual deductible (\$200 increase from 2022)</li> </ul> <p><b>Out-of-pocket maximum:</b></p> <ul style="list-style-type: none"> <li>• \$7,500 for self-only coverage (\$450 increase from 2022)</li> <li>• \$15,000 for family coverage (\$900 increase from 2022)</li> </ul> <p><b>HSA contribution limits:</b></p> <ul style="list-style-type: none"> <li>• \$3,850 for self-only coverage</li> <li>• \$7,750 for family coverage</li> </ul> <p>Individuals 55 and over may contribute an extra \$1,000 to their HSA</p>

**Effective at the group's renewal and beginning with the group's plan 2023 effective date.**

<b>Language Changes</b>	<p>The following updates have been made under the <b>Mental Health and Substance Use Disorder Services</b> section:</p> <ul style="list-style-type: none"> <li>• Separate rows for <b>Residential Treatment Services</b> and <b>Partial Hospitalization/Intensive Outpatient Program Facility Services</b> have been added.</li> <li>• <b>Autism Spectrum Disorder</b> has been moved to this section.</li> <li>• The separate row for Virtual Consults has been removed under this section.</li> </ul>
	<p>Additional language <b>Mental Health and Substance Use Disorder Services</b> updates include:</p> <ul style="list-style-type: none"> <li>• <b>Outpatient Office Visits</b> has been updated to read <b>Outpatient Office Visits (PCP, Specialist or Virtual Consults)</b>.</li> <li>• <b>Other Outpatient Visits (Facility/Freestanding Centers)</b> has been updated to read <b>Other Outpatient Services</b>.</li> <li>• <b>Inpatient Services</b> has been updated to read <b>Inpatient Hospital Services</b>.</li> </ul>
	<p>Language has been added to the following sections in the Benefit Summary to refer members to the updated <b>Mental Health and Substance Use Disorder Services</b> benefit. For mental health or substance use disorders You will pay the Copayment or Coinsurance listed under the applicable service for Mental Health and Substance Use Disorder Services. These sections include:</p> <ul style="list-style-type: none"> <li>• <b>Physician Office Visits: Outpatient Office Visits</b></li> <li>• <b>Outpatient Therapies and Services: Other Outpatient Services</b></li> <li>• <b>Outpatient Lab, Diagnostic Procedures, Imaging and Testing: Other Outpatient Services</b></li> <li>• <b>Outpatient Advanced Imaging, Testing and Scans: Other Outpatient Services</b></li> <li>• <b>Non-Emergent Ambulance Services: Other Outpatient Services</b></li> <li>• <b>Urgent Care Services: Other Outpatient Services</b></li> </ul>

**New Plans:**

Vantage Gold 750/30/20%	Vantage Gold 2000/30/20%
Vantage Silver 6500/0%	Plus Gold 750/30/20%
Plus Silver 6500/0%	Plus Gold 2000/30/20%
POS Gold 750/30/20%	POS Gold 2000/30/20%
POS Silver 6500/0%	

**Discontinued Plans:**

Vantage Gold 2000/30/0%	Plus Gold 2000/30/0%
Vantage Equity Silver 2800/10%	Plus Equity Silver 2800/10%
POS Gold 2000/30/0%	POS Design Silver 2000/30%

### Document Key

AD = After Deductible  
 MH = Mental Health  
 MOOP = Maximum out-of-pocket  
 T1 = Tier 1  
 T2 = Tier 2

Dollar amounts = copayments | Percentages = coinsurances

### Small Group Vantage Plan Changes

<p><b>Vantage Platinum 15/30 Direct</b></p>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 0%/T2: 20%</li> <li>• Diagnostic Tests - T1: 0%/T2: 20%</li> <li>• Outpatient Lab - T1: 0%/T2: 20%</li> <li>• Non-Emergency Ambulance - \$25</li> <li>• Emergency Ambulance - \$350</li> <li>• MH Outpatient Office Visits - \$25</li> <li>• MH Other Outpatient Services - \$25</li> <li>• Retail Tier 1 - \$10</li> <li>• Retail Tier 2 - \$40</li> <li>• Mail Order Tier 1 - \$25</li> <li>• Mail Order Tier 2 - \$100</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 0%/T2: 20%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 0%/T2: 20%</li> </ul>
<p><b>Vantage Platinum 15/35 Direct</b></p>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 20%/T2: 40%</li> <li>• Diagnostic Tests - T1: 20%/T2: 40%</li> <li>• Outpatient Lab - T1: 20%/T2: 40%</li> <li>• Non-Emergency Ambulance - \$25</li> <li>• Emergency Ambulance - \$350</li> <li>• MH Outpatient Office Visits - \$25</li> <li>• MH Other Outpatient Services - \$25</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%</li> </ul>

<b>Vantage Platinum 20/20% Direct</b> (formerly Vantage Platinum 20/20% Rx Ded Direct)	<ul style="list-style-type: none"> <li>• Plan Name - Optima Vantage Platinum 20/20% Direct</li> <li>• Non-Emergency Ambulance - 20%</li> <li>• Emergency Ambulance - 30%</li> <li>• MH Outpatient Office Visits - \$30</li> <li>• Rx Deductible – None</li> <li>• Retail Tier 2 - \$50</li> <li>• Retail Tier 3 - 20%</li> <li>• Retail Tier 4 - 20% (\$350 Max out-of-pocket per script)</li> <li>• Mail Order Tier 2 - \$125</li> <li>• Mail Order Tier 3 - 20% (\$400 Max out-of-pocket per script)</li> <li>• Mail Order Tier 4 - 20% (\$350 Max out-of-pocket per script)</li> </ul>
<b>Small Group Vantage Plan Changes Cont.</b>	
<b>Vantage Platinum 25/50 Direct</b>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 20%/T2: 40%</li> <li>• Diagnostic Tests - T1: 20%/T2: 40%</li> <li>• Outpatient Lab - T1: 20%/T2: 40%</li> <li>• Non-Emergency Ambulance - \$35</li> <li>• Emergency Services - 30%</li> <li>• Emergency Ambulance - 30%</li> <li>• MH Outpatient Office Visits - \$35</li> <li>• MH Other Outpatient Services - \$35</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%</li> </ul>
<b>Vantage Platinum 25/50 Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 20%/T2: 40%</li> <li>• Diagnostic Tests - T1: 20%/T2: 40%</li> <li>• Outpatient Lab - T1: 20%/T2: 40%</li> <li>• Non-Emergency Ambulance - \$35</li> <li>• Emergency Services - 30%</li> <li>• Emergency Ambulance - 30%</li> <li>• MH Outpatient Office Visits - \$35</li> <li>• MH Other Outpatient Services - \$35</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%</li> </ul>

<b>Vantage Gold 35/30% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$7,500/\$15,000</li> <li>• Outpatient Surgery - T1: \$400/T2: \$800</li> <li>• Outpatient Diagnostic Procedures - T1: \$35/T2: \$70</li> <li>• Diagnostic Tests - T1: \$35/T2: \$70</li> <li>• Outpatient Lab - T1: \$35/T2: \$70</li> <li>• Advanced Imaging - T1: \$300/T2: \$600</li> <li>• Inpatient Hospital - T1: \$600/day/\$2400 max/T2: \$1200/day/\$4800 max</li> <li>• Transplant - \$600/day/\$2400 max</li> <li>• Skilled Nursing - \$600/day/\$2400 max</li> <li>• Non-Emergency Ambulance - 30%</li> <li>• Emergency Ambulance - 40%</li> <li>• MH Inpatient Hospital - \$600/day/\$2400 max</li> <li>• MH Residential Treatment Center Services - \$600/day/\$2400 max</li> <li>• MH Outpatient Office Visits - \$45</li> <li>• Rx Deductible - \$200 per person</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$35/T2: \$70</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$35/T2: \$70</li> </ul>
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**Small Group Vantage Plan Changes Cont.**

<b>Vantage Gold 500/25/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$7,500/\$15,000</li> <li>• Non-Emergency Ambulance - 20% AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$35</li> <li>• Rx Deductible: \$200 per person</li> </ul>
<b>Vantage Gold 1000/25/30% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,200/\$12,400</li> <li>• Non-Emergency Ambulance - 30% AD</li> <li>• Emergency Ambulance - 40% AD</li> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>Vantage Gold 1250/20/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,500/\$13,000</li> <li>• Non-Emergency Ambulance - 20% AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$30</li> </ul>
<b>Vantage Gold 1500/25/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,500/\$13,000</li> <li>• Non-Emergency Ambulance - 20% AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>Vantage Gold 2000/25/30% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$5,500/\$11,000</li> <li>• Non-Emergency Ambulance - 30% AD</li> <li>• Emergency Ambulance - 40% AD</li> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>Vantage Gold 2000/25/30% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$5,500/\$11,000</li> <li>• Non-Emergency Ambulance - 30% AD</li> <li>• Emergency Ambulance - 40% AD</li> </ul>

	<ul style="list-style-type: none"> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>Vantage Gold 2800/35/0% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,400/\$16,800</li> <li>• Emergency Ambulance - 20% AD</li> <li>• MH Outpatient Office Visits - \$45</li> </ul>
<b>Vantage Silver 3000/35/25% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,800/\$17,600</li> <li>• Specialist - T1: \$70 AD/T2: \$140 AD</li> <li>• Emergency Ambulance - 35% AD</li> <li>• Urgent Care - \$70 AD</li> <li>• MH Outpatient Office Visits - \$45</li> </ul>
<b>Vantage Silver 4000/40/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,650/\$17,300</li> <li>• Outpatient Diagnostic Procedures - T1: \$80 AD/T2: \$160 AD</li> <li>• Diagnostic Tests - T1: \$80 AD/T2: \$160 AD</li> <li>• Outpatient Lab - T1: \$80 AD/T2: \$160 AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$50</li> <li>• Rx Deductible - \$250 per person</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$80 AD/T2: \$160 AD</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$80 AD/T2: \$160 AD</li> </ul>
<b>Small Group Vantage Plan Changes Cont.</b>	
<b>Vantage Silver 4750/45/20% Direct</b>	<ul style="list-style-type: none"> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$55</li> </ul>
<b>Vantage Silver 5600/40/20% Rx Ded Direct</b> (formerly Vantage Silver 5500/40/20% Direct)	<ul style="list-style-type: none"> <li>• Plan Name - Optima Vantage Silver 5600/40/20% Rx Ded Direct</li> <li>• In Network Deductible: \$5,600/\$11,200</li> <li>• In Network MOOP: \$8,800/\$17,600</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$50</li> <li>• Rx Deductible - \$200 per person</li> <li>• Retail Tier 2 - \$40 AD</li> <li>• Retail Tier 3 - 20% AD</li> <li>• Retail Tier 4 - 20% AD (\$350 Max out-of-pocket per script)</li> <li>• Mail Order Tier 2 - \$100 AD</li> <li>• Mail Order Tier 3 - 20% AD (\$400 Max out-of-pocket per script)</li> <li>• Mail Order Tier 4 - 20% AD (\$350 Max out-of-pocket per script)</li> </ul>
<b>Vantage Bronze 6600/30% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,200/\$16,400</li> <li>• Emergency Ambulance - 40% AD</li> </ul>
<b>Vantage Equity Silver 3000/20% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,900/\$13,800</li> <li>• Emergency Ambulance - 30% AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>

<b>Vantage Equity Silver 4000/0% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,900/\$13,800</li> <li>• Emergency Ambulance - 20% AD</li> <li>• Tier 1 Retail: \$15 AD, Preventive: \$15</li> <li>• Tier 2 Retail: \$50 AD, Preventive: \$50</li> <li>• Tier 3 Retail: 20% AD, Preventive: 20%</li> <li>• Tier 4 Retail: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script)</li> <li>• Tier 1 Mail Order: \$38 AD, Preventive: \$38</li> <li>• Tier 2 Mail Order: \$125 AD, Preventive: \$125</li> <li>• Tier 3 Mail Order: 20% AD, Preventive: 20% (\$400 Max out-of-pocket per script)</li> <li>• Tier 4 Mail Order: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script)</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>Vantage Equity Bronze 6100/40% Direct</b>	<ul style="list-style-type: none"> <li>• Emergency Ambulance - 50% AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>Vantage Equity Bronze 6500/0% Direct</b>	<ul style="list-style-type: none"> <li>• Emergency Ambulance - 20% AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>Small Group Plus Plan Changes</b>	
<b>Plus Platinum 15/30 Direct</b>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 0% T2: 20%</li> <li>• Diagnostic Tests - T1: 0%/T2: 20%</li> <li>• Outpatient Lab - T1: 0%/T2: 20%</li> <li>• Non-Emergency Ambulance - \$25</li> <li>• Emergency Ambulance - \$350</li> <li>• MH Outpatient Office Visits - \$25</li> <li>• MH Other Outpatient Services - \$25</li> <li>• Retail Tier 1 - \$10</li> <li>• Retail Tier 2 - \$40</li> <li>• Mail Order Tier 1 - \$25</li> <li>• Mail Order Tier 2 - \$100</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 0%/T2: 20%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 0%/T2: 20%</li> </ul>



<b>Plus Platinum 15/35 Direct</b>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 20%/T2: 40%</li> <li>• Diagnostic Tests - T1: 20%/T2: 40%</li> <li>• Outpatient Lab - T1: 20%/T2: 40%</li> <li>• Non-Emergency Ambulance - \$25</li> <li>• Emergency Ambulance - \$350</li> <li>• MH Outpatient Office Visits - \$25</li> <li>• MH Other Outpatient Services - \$25</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%</li> </ul>
<b>Plus Gold 500/25/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$7,500/\$15,000</li> <li>• OON MOOP: \$15,000/\$30,000</li> <li>• Non-Emergency Ambulance - 20% AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$35</li> <li>• Rx Deductible: \$200 per person</li> </ul>
<b>Plus Gold 1250/20/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,500/\$13,000</li> <li>• OON MOOP: \$13,000/\$26,000</li> <li>• Non-Emergency Ambulance - 20% AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$30 Copayment</li> </ul>
<b>Plus Gold 1500/25/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,500/\$13,000</li> <li>• OON MOOP: \$13,000/\$26,000</li> <li>• Non-Emergency Ambulance - 20% AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>Small Group Plus Plan Changes Cont.</b>	
<b>Plus Gold 2000/25/30% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$5,500/\$11,000</li> <li>• OON MOOP: \$11,000/\$22,000</li> <li>• Non-Emergency Ambulance - 30% AD</li> <li>• Emergency Ambulance - 40% AD</li> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>Plus Gold 2800/35/0% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,400/\$16,800</li> <li>• OON MOOP: \$16,800/\$33,600</li> <li>• Emergency Ambulance - 20% AD</li> <li>• MH Outpatient Office Visits - \$45</li> </ul>



<b>Plus Silver 3000/35/25% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,800/\$17,600</li> <li>• OON MOOP: \$17,600/\$35,200</li> <li>• Specialist - T1: \$70 AD/T2: \$140 AD</li> <li>• Emergency Ambulance - 35% AD</li> <li>• Urgent Care - \$70 AD</li> <li>• MH Outpatient Office Visits - \$45</li> </ul>
<b>Plus Silver 4000/40/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,650/\$17,300</li> <li>• OON MOOP: \$17,000/\$34,000</li> <li>• Outpatient Diagnostic Procedures - T1: \$80 AD/T2: \$160 AD</li> <li>• Diagnostic Tests - T1: \$80 AD/T2: \$160 AD</li> <li>• Outpatient Lab - T1: \$80 AD/T2: \$160 AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$50</li> <li>• Rx Deductible - \$250 per person</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$80 AD/T2: \$160 AD</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$80 AD/T2: \$160 AD</li> </ul>
<b>Plus Silver 5600/40/20% Rx Ded Direct</b> (formerly Plus Silver 5500/40/20% Direct)	<ul style="list-style-type: none"> <li>• Plan Name - Optima Plus Silver 5600/40/20% Rx Ded Direct</li> <li>• In Network Deductible: \$5,600/\$11,200</li> <li>• OON Deductible: \$11,200/\$22,400</li> <li>• In Network MOOP: \$8,800/\$17,600</li> <li>• OON MOOP: \$17,600/\$35,200</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$50</li> <li>• Rx Deductible - \$200 per person</li> <li>• Retail Tier 2 - \$40 AD</li> <li>• Retail Tier 3 - 20% AD</li> <li>• Retail Tier 4 - 20% AD (\$350 Max out-of-pocket per script)</li> <li>• Mail Order Tier 2 - \$100 AD</li> <li>• Mail Order Tier 3 - 20% AD (\$400 Max out-of-pocket per script)</li> <li>• Mail Order Tier 4 - 20% AD (\$350 Max out-of-pocket per script)</li> </ul>
<b>Small Group Plus Plan Changes Cont.</b>	
<b>Plus Equity Silver 3000/20% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,900/\$13,800</li> <li>• OON MOOP: \$13,800/\$27,600</li> <li>• Emergency Ambulance - 30% AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>

<b>Plus Equity Silver 4000/0% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,900/\$13,800</li> <li>• OON MOOP: \$13,800/\$27,600</li> <li>• Emergency Ambulance - 20% AD</li> <li>• Tier 1 Retail: \$15 AD, Preventive: \$15</li> <li>• Tier 2 Retail: \$50 AD, Preventive: \$50</li> <li>• Tier 3 Retail: 20% AD, Preventive: 20%</li> <li>• Tier 4 Retail: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script)</li> <li>• Tier 1 Mail Order: \$38 AD, Preventive: \$38</li> <li>• Tier 2 Mail Order: \$125 AD, Preventive: \$125</li> <li>• Tier 3 Mail Order: 20% AD, Preventive: 20% (\$400 Max out-of-pocket per script)</li> <li>• Tier 4 Mail Order: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script)</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>Plus Equity Bronze 6500/0% Direct</b>	<ul style="list-style-type: none"> <li>• Emergency Ambulance - 20% AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>Small Group POS Plan Changes</b>	
<b>POS Platinum 15/30 Direct</b>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 0%/T2: 20%</li> <li>• Diagnostic Tests - T1: 0%/T2: 20%</li> <li>• Outpatient Lab - T1: 0%/T2: 20%</li> <li>• Non-Emergency Ambulance - \$25</li> <li>• Emergency Ambulance - \$350</li> <li>• MH Outpatient Office Visits - \$25</li> <li>• MH Other Outpatient Services - \$25</li> <li>• Retail Tier 1 - \$10</li> <li>• Retail Tier 2 - \$40</li> <li>• Mail Order Tier 1 - \$25</li> <li>• Mail Order Tier 2 - \$100</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 0%/T2: 20%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 0%/T2: 20%</li> </ul>
<b>POS Platinum 15/35 Direct</b>	<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures - T1: 20%/T2: 40%</li> <li>• Diagnostic Tests - T1: 20%/T2: 40%</li> <li>• Outpatient Lab - T1: 20%/T2: 40%</li> <li>• Non-Emergency Ambulance - \$25</li> </ul>

### Small Group POS Plan Changes Cont.

<b>POS Platinum 15/35 Direct Cont.</b>	<ul style="list-style-type: none"> <li>• Emergency Ambulance - \$350</li> <li>• MH Outpatient Office Visits - \$25</li> <li>• MH Other Outpatient Services - \$25</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: 20%/T2: 40%</li> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: 20%/T2: 40%</li> </ul>
<b>POS Gold 500/25/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$7,500/\$15,000</li> <li>• OON MOOP: \$15,000/\$30,000</li> <li>• Non-Emergency Ambulance - 20% AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$35</li> <li>• Rx Deductible: \$200 per person</li> </ul>
<b>POS Gold 1000/25/30% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,200/\$12,400</li> <li>• OON MOOP: \$12,400/\$24,800</li> <li>• Non-Emergency Ambulance - 30% AD</li> <li>• Emergency Ambulance - 40% AD</li> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>POS Gold 2000/25/30% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$5,500/\$11,000</li> <li>• OON MOOP: \$11,000/\$22,000</li> <li>• Non-Emergency Ambulance - 30% AD</li> <li>• Emergency Ambulance - 40% AD</li> <li>• MH Outpatient Office Visits - \$35</li> </ul>
<b>POS Gold 2800/35/0% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,400/\$16,800</li> <li>• OON MOOP: \$16,800/\$33,600</li> <li>• Emergency Ambulance - 20% AD</li> <li>• MH Outpatient Office Visits - \$45</li> </ul>
<b>POS Silver 3000/35/25% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$8,800/\$17,600</li> <li>• OON MOOP: \$17,600/\$35,200</li> <li>• Specialist - T1: \$70 AD/T2: \$140 AD</li> <li>• Emergency Ambulance - 35% AD</li> <li>• Urgent Care - \$70 AD</li> <li>• MH Outpatient Office Visits - \$45</li> </ul>
<b>POS Silver 3500/20% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$7,500/\$15,000</li> <li>• OON MOOP: \$15,000/\$30,000</li> <li>• Outpatient Diagnostic Procedures - T1: \$70 AD/T2: \$140 AD</li> <li>• Diagnostic Tests - T1: \$70 AD/T2: \$140 AD</li> <li>• Outpatient Lab - T1: \$70 AD/T2: \$140 AD</li> <li>• Advanced Imaging - T1: \$300 AD/T2: \$600 AD</li> <li>• Emergency Ambulance - 30% AD</li> <li>• MH Outpatient Office Visits - \$45</li> <li>• Outpatient Therapies Facility (IV Infusion/Respiratory/Inhalation) - T1: \$70 AD/T2: \$140 AD</li> </ul>

### Small Group POS Plan Changes Cont.

<b>POS Silver 3500/20% Direct cont.</b>	<ul style="list-style-type: none"> <li>• Outpatient Therapies Facility (Chemo and Chemo drugs/Radiation) - T1: \$70 AD/T2: \$140 AD</li> </ul>
<b>POS Equity Silver 3000/20% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,900/\$13,800</li> <li>• OON MOOP: \$13,800/\$27,600</li> <li>• Emergency Ambulance - 30% AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>POS Equity Silver 4000/0% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$6,900/\$13,800</li> <li>• OON MOOP: \$13,800/\$27,600</li> <li>• Emergency Ambulance - 20% AD</li> <li>• Tier 1 Retail: \$15 AD, Preventive: \$15</li> <li>• Tier 2 Retail: \$50 AD, Preventive: \$50</li> <li>• Tier 3 Retail: 20% AD, Preventive: 20%</li> <li>• Tier 4 Retail: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script)</li> <li>• Tier 1 Mail Order: \$38 AD, Preventive: \$38</li> <li>• Tier 2 Mail Order: \$125 AD, Preventive: \$125</li> <li>• Tier 3 Mail Order: 20% AD, Preventive: 20% (\$400 Max out-of-pocket per script)</li> <li>• Tier 4 Mail Order: 20% AD, Preventive: 20% (\$350 Max out-of-pocket per script)</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>POS Equity Bronze 6200/40/30% Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$7,050/\$14,100</li> <li>• OON MOOP: \$14,100/\$28,200</li> <li>• Emergency Ambulance - 40% AD</li> <li>• MH Outpatient Office Visits - \$50 AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>POS Equity Bronze 6500/0% Direct</b>	<ul style="list-style-type: none"> <li>• Emergency Ambulance - 20% AD</li> <li>• Pediatric Vision Care: 0% In Network No charge (Deductible does not apply). No Out-of-Network Coverage</li> </ul>
<b>POS Design Silver 3000/20% Rx Ded Direct</b>	<ul style="list-style-type: none"> <li>• In Network MOOP: \$7,700/\$15,400</li> <li>• OON MOOP: \$15,400/\$30,800</li> <li>• Emergency Ambulance - 30% AD</li> <li>• Rx Deductible: \$250 per person</li> </ul>