MARPAI

AMERISTEAD HEALTH

PLAN	HSA 9000	BRONZE	HSA 6000	SILVER	GOLD	PLATINUM	DIAMOND
Network	CIGNA PPO	CIGNA PPO	CIGNA PPO	CIGNA PPO	CIGNA PPO	CIGNA PPO	CIGNA PPO
Deductible *(Ind/Fam)*	$9,000/$18,000	$8,000/$16,000	$6,000/$12,000	$5,000/$10,000	$3,000/$6,000	$250/500	$0/$0
Coinsurance	70/30	70/30	70/30	70/30	80/20	80/20	70/30
Max Out of Pocket *(Ind/Fam)*	$10,100/$20,200	$8,700/$17,400	$7,000/$14,000	$8,700/$17,400	$8,700/$17,400	$1,250/$2,500	$6,000/$12,000
Preventive Care	$0	$0	$0	$0	$0	$0	$0
Teledoctor	$0	$0	$0	$0	$0	$0	$0
Primary Care	*30% After Deductible*	$50	*30% After Deductible*	$40	$35	$25	$25
Specialist		$120		$80	$55	$45	$50
Urgent Care		$100		$60	$55	$45	$50
Labs/X-Ray Diagnostic MRI/PET/CT/EKG Emergency Room Outpatient Surgical Hospital Admission Maternity		*30% After Deductible*		*30% After Deductible*	*20% After Deductible*	*20% After Deductible*	*30%*
RX *(Generic/Brand/NP Brand)*		$0/$35/$75		$0/$35/$75	$0/$35/$75	$0/$35/$75	$0/$35/$75
RX Specialty	*Contact PBM*	*Contact PBM*	*Contact PBM*	*Contact PBM*	*Contact PBM*	*Contact PBM*	*100% Member Cost*

PREMIUMS	HSA 9000	BRONZE	HSA 6000	SILVER	GOLD	PLATINUM	DIAMOND
Employee Only	*$426*	*$544*	*$640*	*$674*	*$941*	*$1,003*	*$873*
Employee + Spouse	*$589*	*$856*	*$1,012*	*$1,067*	*$1,493*	*$1,632*	*$1,372*
Employee + Child/ren	*$549*	*$753*	*$889*	*$945*	*$1,309*	*$1,563*	*$1,243*
Employee + Family	*$789*	*$1,134*	*$1,340*	*$1,413*	*$1,981*	*$2,993*	*$1,687*

Disclaimer: This document is a summary snapshot of plan benefits and rates for informational purposes only and is subject to change. It does not replace the Schedule of Benefits or official plan documents. For complete details on coverage, limitations, and exclusions, refer to the Schedule of Benefits. If this document differs from the Schedule of Benefits, the Schedule of Benefits and plan documents will govern.