



Medical plan coverage details

	Consumer Choice 2000			Consumer Choice 4000			Sureset			
Premium	Your employer will provide your premium amounts									
Annual medical deductibles and out-of-pocket limits	Network		Out-of network		Network		Out-of network		Network	
Deductible amounts	\$2,000 EE \$3,400 EE+SP \$3,400 EE+CH \$4,000 Family		\$2,000 EE \$3,400 EE+SP \$3,400 EE+CH \$4,000 Family		\$4,000 EE \$6,000 EE+SP \$6,000 EE+CH \$8,000 Family		\$4,000 EE \$6,000 EE+SP \$6,000 EE+CH \$8,000 Family		\$0 \$0	
Out-of-pocket limits	\$4,000 EE \$6,000 EE+SP \$6,000 EE+CH \$8,000 Family		\$5,000 EE \$10,000 EE+SP \$10,000 EE+CH \$15,000 Family		\$6,000 EE \$9,000 EE+SP \$10,000 EE+CH \$12,000 Family		\$8,000 EE \$12,000 EE+SP \$12,000 EE+CH \$16,000 Family		\$4,000 EE \$8,000 Family \$16,000 Family	
Medical copays (\$) and coinsurance (%)	Network		Out-of network		Network		Out-of network		Network	
Doctors and other professionals	20%*		40%*		20%*		40%*		\$30-\$125 \$220	
Primary care visit (illness or injury)	20%*		40%*		20%*		40%*		\$30-\$125 \$220	
Specialist	20%*		40%*		20%*		40%*		\$30-\$125 \$220	
Mental health visit (outpatient)	20%*		40%*		20%*		40%*		\$30-\$110 \$190-\$330	
Preventive care visit	0%		Not Covered		0%		Not Covered		\$0 \$0	
Virtual, urgent and emergency care	0%		Not Covered		0%		Not Covered		\$0 Not Covered	
24/7 Virtual Visit (online doctor)	0%		Not Covered		0%		Not Covered		\$0 Not Covered	
Urgent care visit	20%*		40%*		20%*		40%*		\$80 \$210	
Emergency room	20%*		40%*		20%*		40%*		\$850 \$850	
Prescription type	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	
Tier level 1 (\$ – generic)	20%*	20%*	10%*	20%*	20%*	10%*	\$10	Not Covered	\$25	
Tier level 2 (\$\$ – brand-name and generic)	20%*	20%*	10%*	20%*	20%*	10%*	\$60	Not Covered	\$150	
Tier level 3 (\$\$\$ – brand-name and generic)	20%*	20%*	10%*	20%*	20%*	10%*	\$90	Not Covered	\$225	

The above is only a summary. It is not intended to be a complete listing of all plan details.
 *After the deductible. Medical and Pharmacy have a combined deductible and out-of-pocket.
 EE=Employee, SP=Spouse, CH=Child(ren)

Common health care terms — good info to know

Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

Deductible

The amount you pay before your plan starts sharing costs for covered services.

Out-of-pocket limit

The most you could pay for covered services in a plan year.

Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.

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請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

These plans have exclusions, limitations and reduction of benefits. For costs and complete details contact your employer.

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