

MARPAI

AMERISTEAD HEALTH



PLAN	VALUE	BRONZE	HSA	SILVER	GOLD	PLATINUM	
Network	OPEN ACCESS	PPO	PPO	PPO	PPO	PPO	
Deductible (<i>Ind/Fam</i>)	\$5,000/\$10,000	\$8,000/\$16,000	\$6,000/\$12,000	\$5,000/\$10,000	\$3,000/\$6,000	\$250/500	
Coinsurance	60/40	70/30	70/30	70/30	80/20	80/20	
Max Out of Pocket (<i>Ind/Fam</i>)	\$9,000/\$18,000	\$8,700/\$17,400	\$7,000/\$14,000	\$8,700/\$17,400	\$8,700/\$17,400	\$1,250/\$2,500	
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	
Teledoctor	\$0	\$0	\$0	\$0	\$0	\$0	
Primary Care	40% After Deductible	\$50	30% After Deductible	\$40	\$35	\$25	
Specialist		\$120		\$80	\$55	\$45	
Urgent Care	\$75	\$100		\$60	\$55	\$45	
Labs/X-Ray	40% after deductible	30% After Deductible		30% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
Diagnostic MRI/PET/CT/EKG							
Emergency Room							
Outpatient Surgical							
Hospital Admission							
Maternity							
RX (<i>Generic/Brand/NP Brand</i>)	Discount Card Only	\$10/\$35/\$75		\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	
RX Specialty		Contact PBM	Contact PBM	Contact PBM	Contact PBM	Contact PBM	
PREMIUMS	VALUE	BRONZE	HSA	SILVER	GOLD	PLATINUM	
Employee Only	\$303	\$544	\$640	\$674	\$941	\$1,003	
Employee + Spouse	\$475	\$856	\$1,012	\$1,067	\$1,493	\$1,632	
Employee + Child/ren	\$492	\$753	\$889	\$945	\$1,309	\$1,563	
Employee + Family	\$601	\$1,134	\$1,340	\$1,413	\$1,981	\$2,993	

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.



PLAN	7350 EPO	5000 EPO	2500 PPO	1500 PPO	5000 HSA PPO
Deductible (Ind / Fam)	\$7350/\$14,700	\$5000/\$10,000	\$2,500/\$5,000	\$1,500/\$3,000	\$5,000/\$10,000
Coinsurance	70/30	70/30	70/30	70/30	70/30
Max Out Of Pocket (Ind / Fam)	\$9,200/\$18,400	\$7,350/\$14,700	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Preventive Services	\$0	\$0	\$0	\$0	\$0
Teledoctor Services	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$25	\$25	\$25	\$25	30% after deductible
Specialist Visits	\$40	\$40	\$40	\$40	
Urgent Care Visits	\$100	\$75	\$60	\$60	
Labs/Radiology	30% after deductible	30% after deductible	30% after deductible	30% after deductible	
CT/PET/MRI/EKG					
Emergency Room					
Outpatient Procedure					
Inpatient/Hospital	30% after deductible	30% after deductible	30% after deductible	30% after deductible	
Maternity/Delivery					
Prescriptions	\$10 Generic, \$105 Brand	\$10 Generic, \$105 Brand	\$10 Generic, \$45 Brand	\$10 Generic, \$45 Brand	

Medical Screen

Currently Expecting?

Specialty Rx?

Unresolved Treatments?

Recommended/Sched.

Procedures?

Autoimmune Disorders?

Pre-Existing Conditions

not controlled with Rx?

RATES AGES 18-29	7350 EPO	5000 EPO	2500 PPO	1500 PPO	5000 HSA PPO
Employee Only	\$601	\$693	\$822	\$882	\$632
Employee + Child/ren	\$980	\$1,144	\$1,378	\$1,484	\$1,034
Employee + Spouse	\$1,072	\$1,255	\$1,514	\$1,632	\$1,132
Employee + Family	\$1,549	\$1,822	\$2,211	\$2,388	\$1,638
RATES AGES 30-44	7350 EPO	5000 EPO	2500 PPO	1500 PPO	5000 HSA PPO
Employee Only	\$620	\$715	\$850	\$911	\$652
Employee + Child/ren	\$1,014	\$1,184	\$1,427	\$1,538	\$1,070
Employee + Spouse	\$1,109	\$1,299	\$1,569	\$1,692	\$1,171
Employee + Family	\$1,604	\$1,889	\$2,293	\$2,477	\$1,697
RATES AGES 45-54	7350 EPO	5000 EPO	2500 PPO	1500 PPO	5000 HSA PPO
Employee Only	\$643	\$743	\$891	\$956	\$676
Employee + Child/ren	\$1,055	\$1,234	\$1,501	\$1,618	\$1,114
Employee + Spouse	\$1,156	\$1,354	\$1,651	\$1,781	\$1,221
Employee + Family	\$1,674	\$1,972	\$2,417	\$2,612	\$1,771
RATES AGES 55-64	7350 EPO	5000 EPO	2500 PPO	1500 PPO	5000 HSA PPO
Employee Only	\$691	\$799	\$995	\$1,069	\$727
Employee + Child/ren	\$1,141	\$1,336	\$1,688	\$1,821	\$1,205
Employee + Spouse	\$1,251	\$1,468	\$1,859	\$2,007	\$1,322
Employee + Family	\$1,816	\$2,142	\$2,729	\$2,951	\$1,922



PLAN	1500 EPO	1000 EPO	750 EPO	500 EPO	250 EPO
Deductible (<i>Ind/Fam</i>)	\$1,500/\$3,000	\$1,000/\$2,000	\$750/\$1,500	\$500/\$1,000	\$250/\$500
Coinsurance	100/0	100/0	100/0	100/0	100/0
Max Out of Pocket	<i>Subject to Copay</i>	<i>Subject to Copay</i>	<i>Subject to Copay</i>	<i>Subject to Copay</i>	<i>Subject to Copay</i>
Preventive Services	\$0	\$0	\$0	\$0	\$0
Teledoctor Services	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)
Specialist Visits	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)
Urgent Care Visits	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)	\$50 after deductible (10yr)
Labs/Radiology	\$25 after deductible (3/yr)	\$25 after deductible (3/yr)	\$25 after deductible (3/yr)	\$25 after deductible (3/yr)	\$25 after deductible (3/yr)
CT/PET/MRI/EKG	\$200 after deductible (3/yr)	\$200 after deductible (3/yr)	\$200 after deductible (3/yr)	\$200 after deductible (3/yr)	\$200 after deductible (3/yr)
Emergency Room	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)
Outpatient Procedure	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)	\$250 after deductible (3/yr)
Inpatient/Hospital	\$1,000 after deductible (2/yr)	\$1,000 after deductible (2/yr)	\$1,000 after deductible (2/yr)	\$1,000 after deductible (2/yr)	\$1,000 after deductible (2/yr)
Maternity/Delivery	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$500 after deductible
Prescriptions	\$0 generic only	\$0 generic only	\$0 generic only	\$0 generic only	\$0 generic only

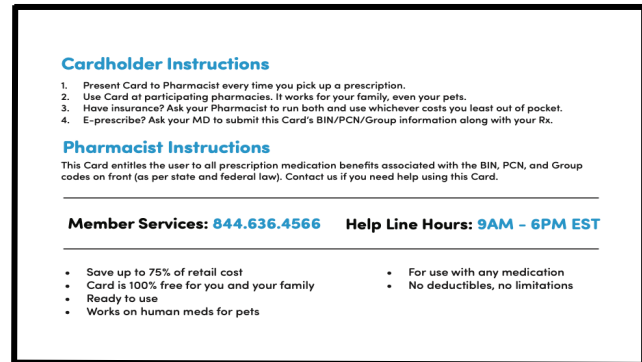
Medical Screen
 Currently Expecting?
 Specialty Rx?
 Unresolved Treatments?
 Recommended/Sched.
 Procedures?
 Autoimmune Disorders?
 Pre-Existing Conditions
 not controlled with Rx?
 *\$60 application fee

RATES AGES 18-29	1500 EPO	1000 EPO	750 EPO	500 EPO	250 EPO
Employee Only	\$289	\$309	\$329	\$349	\$369
Employee + Spouse	\$609	\$629	\$649	\$669	\$689
Employee + Child/ren	\$599	\$619	\$639	\$659	\$709
Employee + Family	\$849	\$869	\$889	\$909	\$959
RATES AGES 30-44	1500 EPO	1000 EPO	750 EPO	500 EPO	250 EPO
Employee Only	\$339	\$369	\$389	\$409	\$439
Employee + Spouse	\$639	\$659	\$679	\$709	\$759
Employee + Child/ren	\$623	\$649	\$669	\$699	\$739
Employee + Family	\$889	\$909	\$939	\$969	\$999
RATES AGES 45-54	1500 EPO	1000 EPO	750 EPO	500 EPO	250 EPO
Employee Only	\$379	\$399	\$419	\$439	\$469
Employee + Spouse	\$689	\$699	\$719	\$749	\$769
Employee + Child/ren	\$669	\$689	\$709	\$739	\$759
Employee + Family	\$959	\$979	\$999	\$1,019	\$1,049
RATES AGES 55-64	1500 EPO	1000 EPO	750 EPO	500 EPO	250 EPO
Employee Only	\$429	\$449	\$469	\$489	\$519
Employee + Spouse	\$719	\$729	\$749	\$769	\$789
Employee + Child/ren	\$679	\$719	\$729	\$749	\$769
Employee + Family	\$979	\$999	\$1,019	\$1,059	\$1,079



Welcome to Your VIP's Pharmacy Savings Card

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Enjoy the simple and free way to save money on your prescription medications with your Pharmacy Savings Card.

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As an additional benefit, you can keep the savings card and continue to receive savings each time you visit the pharmacy, even if you're no longer a plan member.

- Accepted at 60,000 pharmacies
- Save up to 75% off retail cost
- Card 100% free for you and family
- Pre-activated & ready to use
- Good for use with any medication
- No deductibles, no limitations
- Good for pet meds too
- Lifetime Savings Pharmacy Card

Questions? Contact our Member Service Team: 844.636.4566