



## TRADITIONAL PLANS: COPAY

**PPO, NPOS, and HMO PLANS** – These traditional plan designs offer members predictable costs with copayments for most types of healthcare services, giving members the security of coverage and financial protection. In-network preventive services, such as annual exams and flu shots, are covered at 100%. For other covered services, members pay until the deductible is met, then pay coinsurance. All out-of-pocket costs, including prescription drugs, count toward the out-of-pocket limit that helps protect members' total annual spending.

### If you use IN-NETWORK providers

### Copayment amounts:

Option*	Metallic tier	Coinsurance		Deductible		Out-of-pocket limit		Primary care / Specialist	Virtual visits through Doctor On Demand <sup>®1</sup>	Retail clinic/ Urgent care/ER	Pharmacy	Other services
		In	Out	Individual	Family	Individual	Family					
1	Platinum	100%	70%	\$1,000	\$2,000	\$3,500	\$7,000	\$20/\$40	\$0	\$20/\$100/\$350	\$10/\$35/\$55/25%	Coinsurance after deductible
2	Gold	100%	70%	\$2,000	\$4,000	\$6,000	\$12,000	\$40/\$80	\$0	\$20/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
3	Gold	100%	70%	\$2,500	\$5,000	\$6,000	\$12,000	\$35/\$65	\$0	\$20/\$100/\$450	\$10/\$40/\$75/25%	Coinsurance after deductible
4	Gold	100%	70%	\$3,000	\$6,000	\$5,000	\$10,000	\$35/\$65	\$0	\$20/\$100/\$400	\$10/\$40/\$75/25%	Coinsurance after deductible
5	Gold	100%	70%	\$4,500	\$9,000	\$5,500	\$11,000	\$30/\$65	\$0	\$20/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
6	Gold	100%	70%	\$5,000	\$10,000	\$6,000	\$12,000	\$30/\$65	\$0	\$20/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
7	Gold	100%	70%	\$5,500	\$11,000	\$6,500	\$13,000	\$30/\$65	\$0	\$20/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
8	Gold	100%	70%	\$6,000	\$12,000	\$7,000	\$14,000	\$30/\$65	\$0	\$20/\$100/\$450	\$10/\$35/\$55/25%	Coinsurance after deductible
9	Silver	100%	70%	\$8,150	\$16,300	\$8,150	\$16,300	\$50/\$100	\$0	\$20/\$100/\$750	\$5/\$15/\$75/\$150/\$500	Coinsurance after deductible
10	Gold	80%	60%	\$1,000	\$2,000	\$5,000	\$10,000	\$40/\$80	\$0	\$20/\$100/\$450	\$10/\$45/\$90/25%	Coinsurance after deductible
11	Gold	80%	60%	\$1,500	\$3,000	\$5,000	\$10,000	\$40/\$80	\$0	\$20/\$100/\$400	\$5/\$15/\$75/\$150/\$500	Coinsurance after deductible
12	Gold	80%	60%	\$2,000	\$4,000	\$5,000	\$10,000	\$30/\$60	\$0	\$20/\$100/\$400	\$10/\$35/\$55/25%	Coinsurance after deductible
13	Gold	80%	60%	\$2,000	\$4,000	\$6,500	\$13,000	\$30/\$60	\$0	\$20/\$100/\$500	\$10/\$40/\$75/25%	Coinsurance after deductible
14	Gold	80%	60%	\$2,500	\$5,000	\$6,500	\$13,000	\$30/\$60	\$0	\$20/\$100/\$500	\$5/\$15/\$75/\$150/\$500	Coinsurance after deductible
15	Gold	80%	60%	\$3,000	\$6,000	\$5,500	\$11,000	\$35/\$70	\$0	\$20/\$100/\$550	\$5/\$15/\$75/\$150/\$500	Coinsurance after deductible
16	Silver	80%	60%	\$3,500	\$7,000	\$8,150	\$16,300	\$50/\$100	\$0	\$20/\$100/\$875	\$10/\$45/\$90/25% <sup>2</sup>	Coinsurance after deductible

#### \*Option availability:

- Options 1, 3-8, 10-11, 13, 15, 17: available with PPO, NPOS, and HMO Premier networks
- Options 2, 9, 12, 14, 16, 18: available with PPO, NPOS, HMO Premier, Atlanta HMOx, Macon HMOx, and Savannah HMOx networks
- Options 19-22: available with PPO and NPOS networks
- Options 23-26: available with HMO Premier, Atlanta HMOx, Macon HMOx, and Savannah HMOx networks

(1) Virtual Visits through Doctor On Demand can be used for non-emergent sickness. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.

(2) \$600 individual / \$1,200 family pharmacy deductible – applies to levels 2, 3, and 4 only