

# NON-MEDICARE<sup>1</sup>

## ECP Enhanced Care PPO

## HMO Health Maintenance Organization

### Monthly Contribution

**\$17 Single<sup>2</sup>**  
**\$34 Family<sup>2</sup>**

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\$34 Family<sup>2</sup>

### Deductible

(Amount you pay annually before the plan begins to pay a portion of the costs)

**\$400 Single**  
**\$675 Family**

\$400 Single<sup>3</sup>  
\$675 Family<sup>3</sup>

### Coinsurance

(Amount you pay after your deductible is met)

**10%**

N/A

### Out-of-Pocket Max

(Total amount you pay annually before the plan covers 100% of covered costs)

**\$800 Single**  
**\$1,475 Family**

N/A

### Primary Care Physician (PCP) Office Visit

**\$25 Copay / Visit**  
(UNLIMITED)

\$25 Copay

### Specialist Office Visit

**\$35 Copay / Visit**  
(NEW & UNLIMITED)

\$35 Copay<sup>3</sup>

### Urgent Care

(Including Retail Health Clinics)

**\$50 Copay**

\$50 Copay

### Emergency Room

(Waived if admitted)

**\$125 Copay**

\$125 Copay<sup>3</sup>