

NON-MEDICARE¹

ECP Enhanced Care PPO

HMO Health Maintenance Organization

Monthly Contribution	\$17 Single ² \$34 Family ²	\$17 Single² \$34 Family²
Deductible (Amount you pay annually before the plan begins to pay a portion of the costs)	\$400 Single \$675 Family	\$400 Single³ \$675 Family³
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 Copay³
Urgent Care (Including Retail Health Clinics)	\$50 Copay	\$50 Copay
Emergency Room (Waived if admitted)	\$125 Copay	\$125 Copay³

1. Reflects in-network costs 2. Protected population: single or family \$17 3. Does not apply to protected population (Refer to plan materials for actual costs)