

## **HSA PLAN OPTIONS**

DESCRIPTION	HSA Plan 1	HSA Plan 2	HSA Plan 3
Deductible			
Individual	\$3,000	\$3,500	\$6,000
Family	\$6,000	\$7,000	\$12,000
Coinsurance	100% / 0%	100% / 0%	100% / 0%
Out of Pocket Maximum (embedded)			
Individual	\$3,000	\$6,550	\$6,000
Family	\$6,000	\$13,100	\$12,000
Benefit Coverage			
Preventive Care	100% covered	100% covered	100% covered
Primary Care Visit	0% after deductible	\$25 after deductible	0% after deductible
Specialist Visit		\$40 after deductible	
Retail Health Clinic		\$20 after deductible	
Virtual Care CirrusMD	\$55, applies towards deductible	\$55, applies towards deductible	\$55, applies towards deductible
Inpatient Hospital Outpatient Hospital	0% after deductible	0% after deductible	0% after deductible
Emergency Room		\$300 after deductible	
Urgent Care		\$75 after deductible	
Prescription Drug: Retail Pharma	cy — 30 day supply	after deductible:	
Tier 1 Tier 2 Tier 3 Tier 4	0% after deductible	\$10 \$40 \$75 15% up to \$300	0% after deductible
Prescription Drug: Mail Order Pharmacy — 90 day supply		after deductible:	
Tier 1 Tier 2 Tier 3 Tier 4	0% after deductible	\$25 \$100 \$188 25% up to \$750	0% after deductible

Plan benefits are provided pursuant to the Benefit Booklet. The benefits listed here are illustrative, and if the terms of this illustration conflict with the terms of the Benefit Booklet, then the terms of the Benefit Booklet will rule. The benefits and coverages described herein are provided through a trust fund established by a group of employers (ChamberCare Benefit Arrangement of Oklahoma). The Trust Fund is not subject to an insurance guaranty association.