


|  | EPO | EPO | EPO | EPO | QHDHP | EPO | EPO | QHDEPO | QHDEPO |
|--|--------------------------|------------------------|--------------------|--------------------------------|--|---|------------------------------|---|---|
| | LIBERTY PLATINUM 1 | LIBERTY GOLD 3 | LIBERTY GOLD 4 | LIBERTY GOLD 7 | LIBERTY SILVER 3 QHDHP (HSA Qualified) | LIBERTY SILVER 8 QHDEPO (HSA Qualified) | LIBERTY SILVER 9 | LIBERTY BRONZE 5 QHDEPO (HSA Qualified) | LIBERTY BRONZE 6 QHDEPO (HSA Qualified) |
| (OFF-EXCHANGE) | EPO NETWORK | | | | | | | | |
| Individual | \$653.55 | \$547.09 | \$585.88 | \$535.46 | \$462.01 | \$442.90 | \$503.32 | \$382.11 | \$381.51 |
| Double | \$1,307.10 | \$1,094.18 | \$1,171.76 | \$910.28 | \$924.02 | \$885.80 | \$855.64 | \$764.22 | \$763.02 |
| Employee/Child(ren) | \$1,111.04 | \$930.05 | \$996.00 | \$1,070.92 | \$785.42 | \$752.93 | \$1,006.64 | \$649.59 | \$648.57 |
| Family | \$1,862.62 | \$1,559.21 | \$1,669.76 | \$1,526.06 | \$1,316.73 | \$1,262.27 | \$1,434.46 | \$1,089.01 | \$1,087.30 |
| Preventive Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Deductible (Individual/Family) | \$0/\$0 | \$800/\$1,600 Embedded | N/A | \$1,300 / \$2,600 Aggregate ** | \$2,200/\$4,400 Aggregate ** | \$3,700/\$7,400 Aggregate ** | \$4,800/\$8,000 Aggregate ** | \$5,350/\$10,700 Embedded | \$6,550/\$13,100 Embedded |
| Out of Pocket/Coinsurance | \$3,000/\$6,000 | \$4,400/\$8,800 | \$6,750/\$13,500 | \$2,600 / \$5,200 | \$4,800/\$9,600 | \$5,500/\$11,000 | \$7,150/\$14,300 | \$6,550/\$13,100 | \$6,550/\$13,100 |
| Primary Care | 3 vists at \$0, then \$5 | \$10 * | \$40 | 15% Coinsurance * | \$25 * | \$0 * | \$30 | \$5 * | \$0 * |
| Specialist Visit | \$45 | \$40 * | \$60 | 15% Coinsurance * | \$50 * | \$0 * | \$50 | 50% * | \$0 * |
| Inpatient Hospitalization | \$300 | \$800 * | \$750 | 15% Coinsurance * | \$500 * | \$0 * | 20% * | 50% * | \$0 * |
| Outpatient Surgery | \$100 | \$100 * | \$300 | 15% Coinsurance * | \$200 * | \$0 * | 20% * | 50% * | \$0 * |
| Emergency Room | \$100 | \$300 * | \$500 | 15% Coinsurance * | \$300 * | \$0 * | \$150 | \$100 * | \$0 * |
| Ambulance | \$100 | \$300 * | \$500 | 15% Coinsurance * | 300 * | \$0 * | \$150 | \$100 * | \$0 * |
| Urgent Care | \$45 | \$40 * | \$60 | 15% Coinsurance * | \$50 * | \$0 * | \$50 | 50% * | \$0 * |
| Durable Medicare Equipment (DME) | 50% | 50% | 50% | 15% Coinsurance * | 50% | \$0 * | 50% Coinsurance | 50% * | \$0 * |
| Telemedicine | \$5 | \$10 * | \$40 | 15% Coinsurance * | \$25 * | \$0 | \$30 | \$5 * | \$0 * |
| Vision | Adult & Pediatric | | | | | | | | |
| Prescription Deductible Ind/Fam | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | Integrated w/Medical | Integrated w/Medical | Integrated w/Medical | Integrated w/Medical | Integrated w/Medical | Integrated w/Medical |
| Prescription Co-payment | \$5 / \$30 / \$50 | \$10 / \$35 / 50% | \$10 / \$40 / \$60 | \$5 / \$35 / \$70 | \$10 / \$40 / \$60 * | \$10 / \$40 / \$60 * | \$10 / \$40 / \$60 * | \$5 / \$30 / 50% * | 0% / 0% / 0% * |
| Preventive Drug List | No | No | No | Yes | Yes | Yes | Yes | Yes | Yes |
| | PLATINUM 1 | GOLD 3 | GOLD 4 | GOLD 7 | SILVER 3 | SILVER 8 | SILVER 9 | BRONZE 5 | BRONZE 6 |
| Pediatric Dental is required by the ACA for dependents under the age of 19. Monthly premium is \$31.24 for child(ren). Please contact our office for additional information. | | | | | | | | | |
| Domestic Partner Rider is included covering Same or Opposite Sex | | | | | | | | | |
| ** Aggregate: Out of pocket maximum must be met by any one or any combination of members before the plan will make payments. | | | | | | | | | |
| Embedded: Each member will pay towards, but never exceed, their individual deductible and/or OOPM until the larger Family deductible and/or OOPM is met. | | | | | | | | | |
| * Deductible applied to this benefit - Member amount after deductible is met. | | | | | | | | | |
| For Small Group eligibility, there must be at least one Common Law Employee (CLE) enrolled. An "employee" does not include the sole owner of the business or a spouse of the business owner. | | | | | | | | | |
| To participate in the Chamber's insurance program, businesses must maintain their Chamber Membership. | | | | | | | | | |
| Open Enrollment is during the month of November for January 1st coverage. All paperwork must be received by Wednesday, November 30th. | | | | | | | | | |
| This comparison has been prepared as a guide to assist you in evaluating the program. This is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions. Rates and terms are subject to change. Plan summaries available upon request. Monthly premiums shown do not include administrative fees. | | | | | | | | | |