

Tavern League Preferred



| In Network Benefit | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 (HDHP) | Plan 6 (HDHP) | Plan 7 (HDHP) |
|--------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| Deductible* | \$750 Single / \$2250 Family | \$750 Single / \$2250 Family | \$1250 Single / \$3750 Family | \$1250 Single / \$3750 Family | \$1750 Single / \$3500 Family | \$3250 Single / \$6500 Family | \$5950 Single / \$11,900 Family |
| Coinsurance | 100% In Network / 70% Out of Network | 80 % In Network / 60% Out of Network | 100% In Network / 70% Out of Network | 80 % In Network / 60% Out of Network | 100% In Network / 70% Out of Network | 100% In Network / 70% Out of Network | 100% In Network / 70% Out of Network |
| Coinsurance Limit | \$5000 Single / \$15,000 Family | \$5000 Single / \$15,000 Family | \$5000 Single / \$15,000 Family | \$5000 Single / \$15,000 Family | See OOP Comments | See OOP Comments | See OOP Comments |
| Annual Out of Pocket ** | \$750 Single / \$2250 Family | \$1750 Single / \$5250 Family | \$1250 Single / \$3750 Family | \$2250 Single / \$6750 Family | \$1750 Single / \$3500 Family | \$3250 Single / \$6500 Family | \$5950 Single / \$11,900 Family |
| Lifetime Maximum | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 | \$5,000,000 |
| Office Visit *** | \$25 Primary / \$50 Specialists | \$25 Primary / \$50 Specialists | \$25 Primary / \$50 Specialists | \$25 Primary / \$50 Specialists | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
| Routine Exams | \$25 Primary / \$50 Specialists Unlimited Benefit | \$25 Primary / \$50 Specialists Unlimited Benefit | \$25 Primary / \$50 Specialists Unlimited Benefit | \$25 Primary / \$50 Specialists Unlimited Benefit | First Dollar Coverage with Unlimited Benefit | First Dollar Coverage with Unlimited Benefit | First Dollar Coverage with Unlimited Benefit |
| Prescription Drug | \$20/40/60 | \$20/40/60 | \$20/40/60 | \$20/40/60 | Deductible, then in network Coinsurance | Deductible, then in network Coinsurance | Deductible, then in network Coinsurance |
| Emergency Room | \$150 CoPay | \$150 CoPay | \$150 CoPay | \$150 CoPay | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance |

* Out of network deductible is 2x the In Network Benefit on Plans 1 through 4

** Out of network OOP is an additional \$1000 Single / \$2000 Family on plans 5 through 7.

*** Out of network benefits for office visit copay are subject to deductible and coinsurance.

This document is intended to be a high level summary of options offered. For a more detailed summary of benefits and exclusions see the plan summary. You can find a detailed description of coverage in the applicable policy. Coverage is subject to all the terms and conditions of the policy and any endorsements.

