

Plan Benefit Highlights

Category	EPO Focus	EPO	PPO	EPO HSA
Annual Deductible	Individual: \$1,000 Family: \$2,000	Individual: \$1,000 Family: \$2,000	Individual: \$1,000 Family: \$2,000	Individual: \$2,000 Family: \$4,000
Primary Care Office Visit	\$25 copay	\$25 copay	\$25 copay	Deductible, then no cost
Specialist Office Visit	\$30 copay	\$30 copay	\$25 copay	Deductible, then no cost
Behavioral Health Office Visit	\$25 copay	\$25 copay	\$25 copay	Deductible, then no cost
Chiro and Acupuncture	\$25 copay	\$25 copay	\$25 copay	Deductible, then no cost
Urgent Care	\$25 copay	\$25 copay	\$25 copay	Deductible, then no cost
Emergency Room	Deductible, then \$200 copay	Deductible, then \$200 copay	Deductible, then \$200 copay	Deductible, then \$200 copay
Outpatient Surgery	Deductible, then \$500 copay*	Deductible, then \$500 copay*	Deductible, then \$500 copay	Deductible, then \$500 copay*
Inpatient Hospitalization	Deductible, then \$1,000 copay*	Deductible, then \$1,000 copay*	Deductible, then \$1,000 copay	Deductible, then \$1,000 copay*

*copays are reimbursed by HSL. Please see the benefits department for details. This is a high-level summary for illustrative purposes.