

Benefit Plan Designs Maryland and Virginia



Code	Copayments PCP/Des Spec/ Net Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
PPO All Savers Advanced Plans (ChoicePlus Network)						
AdvP1000	\$30/\$30/\$60/\$100/\$300	\$1,000/\$2,000	Embedded	50%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
AdvP2000	\$30/\$30/\$60/\$100/\$300	\$2,000/\$4,000	Embedded	50%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
AdvP3000	\$30/\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	50%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
AdvP4000	\$30/\$30/\$60/\$100/\$300	\$4,000/\$8,000	Embedded	50%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
AdvP5000	\$30/\$30/\$60/\$100/\$300	\$5,000/\$10,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
Code	Copayments PCP/Des Spec/ Net Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
EPO All Savers Advanced Plans (Choice Network: no out-of-network coverage²)						
AdvE1000	\$30/\$30/\$60/\$100/\$300	\$1,000/None	Embedded	50%/None	\$3,500/None	\$15/\$35/\$75/\$250
AdvE2000	\$30/\$30/\$60/\$100/\$300	\$2,000/None	Embedded	50%/None	\$4,000/None	\$15/\$35/\$75/\$250
AdvE3000	\$30/\$30/\$60/\$100/\$300	\$3,000/None	Embedded	50%/None	\$5,500/None	\$15/\$35/\$75/\$250
AdvE4000	\$30/\$30/\$60/\$100/\$300	\$4,000/None	Embedded	50%/None	\$6,000/None	\$15/\$35/\$75/\$250
AdvE5000	\$30/\$30/\$60/\$100/\$300	\$5,000/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250

Service Performed	Description	Place of Service	
		Hospital Based/Owned	Freestanding Facility
Surgery Outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility.	\$500 Copayment + Deductible/Coinsurance	Deductible/Coinsurance
Major Diagnostics	CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services.		
Minor Lab and X-ray	Lab, X-ray and diagnostic services.		

All Savers PPO and EPO Advanced benefit plans have the following family benefits:

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

PPO and EPO Advanced Plan designs for ER services are subject to a copay which is followed by the plan level deductible and coinsurance.

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
PPO All Savers Primary Focus Plans (ChoicePlus Network)						
Primary Focus P1000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$1,000/\$5,000	Embedded	80%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
Primary Focus P1000i50	\$0/\$100/\$50/ \$250+Ded+50%	\$1,000/\$5,000	Embedded	50%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
Primary Focus P2000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$2,000/\$5,000	Embedded	80%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
Primary Focus P2000i50	\$0/\$100/\$50/ \$250+Ded+50%	\$2,000/\$5,000	Embedded	50%/50%	\$6,500/\$10,000	\$0/\$50/\$100/\$250
Primary Focus P3000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$3,000/\$10,000	Embedded	80%/50%	\$6,500/\$20,000	\$0/\$50/\$100/\$250
Primary Focus P5000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$5,000/\$10,000	Embedded	80%/50%	\$6,500/\$20,000	\$0/\$50/\$100/\$250

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
EPO All Savers Primary Focus Plans (Choice Network: no out-of-network coverage²)						
Primary Focus E1000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$1,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250
Primary Focus E1000i50	\$0/\$100/\$50/ \$250+Ded+50%	\$1,000/None	Embedded	50%/None	\$6,500/None	\$0/\$50/\$100/\$250
Primary Focus E2000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$2,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250
Primary Focus E2000i50	\$0/\$100/\$50/ \$250+Ded+50%	\$2,000/None	Embedded	50%/None	\$6,500/None	\$0/\$50/\$100/\$250
Primary Focus E3000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$3,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250
Primary Focus E5000i80	\$0/\$100/\$50/ \$250+Ded+20%	\$5,000/None	Embedded	80%/None	\$6,500/None	\$0/\$50/\$100/\$250

All Savers Primary Focus Rx Plans:

Mail Order Ratio	Rx Ded Ind/Fam	Rx Deductible Note
2.5x	\$250/\$500	Applies to Tiers 3 & 4 only

All Savers PPO and EPO Primary Focus benefit plans have the following benefits:

Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery
Ded+Coins	Ded+Coins	Ded+Coins

All Savers PPO and EPO Primary Focus benefit plans have the following family benefits:

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of- Network)	Deductible Type (Embed/ Non- Embed')	Coinsurance Rate (Network/ Out-of- Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
------	------------------------------	--	--	---	--	------------------------

PPO All Savers Flex Focus Plans³ (ChoicePlus Network)

Flex Focus P1000	PCP: \$0/3 visits Ded+20% combined w/Spec Spec: \$0/3 visits Ded+20% combined w/PCP UC: \$0/2 visits Ded+20% ER: \$250+Ded+20%	\$1,000/\$5,000	Embedded	80%/50%	\$4,500/\$10,000	\$15/\$50/\$100/\$125
Flex Focus P2000	PCP: \$0/3 visits Ded+20% combined w/Spec Spec: \$0/3 visits Ded+20% combined w/PCP UC: \$0/2 visits Ded+20% ER: \$250+Ded+20%	\$2,000/\$5,000	Embedded	80%/50%	\$6,850/\$10,000	\$15/\$50/\$100/\$125
Flex Focus P3000	PCP: \$0/3 visits Ded+20% combined w/Spec Spec: \$0/3 visits Ded+20% combined w/PCP UC: \$0/2 visits Ded+20% ER: \$250+Ded+20%	\$3,000/\$5,000	Embedded	80%/50%	\$6,850/\$10,000	\$15/\$50/\$100/\$125

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of- Network)	Deductible Type (Embed/ Non- Embed')	Coinsurance Rate (Network/ Out-of- Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
------	------------------------------	--	--	---	--	------------------------

EPO All Savers Flex Focus³ Plans (Choice Network: no out-of-network coverage²)

Flex Focus E1000	PCP: \$0/3 visits Ded+20% combined w/Spec Spec: \$0/3 visits Ded+20% combined w/PCP UC: \$0/2 visits Ded+20% ER: \$250+Ded+20%	\$1,000/None	Embedded	80%/None	\$4,500/None	\$15/\$50/\$100/\$125
Flex Focus E2000	PCP: \$0/3 visits Ded+20% combined w/Spec Spec: \$0/3 visits Ded+20% combined w/PCP UC: \$0/2 visits Ded+20% ER: \$250+Ded+20%	\$2,000/None	Embedded	80%/None	\$6,850/None	\$15/\$50/\$100/\$125
Flex Focus E3000	PCP: \$0/3 visits Ded+20% combined w/Spec Spec: \$0/3 visits Ded+20% combined w/PCP UC: \$0/2 visits Ded+20% ER: \$250+Ded+20%	\$3,000/None	Embedded	80%/None	\$6,850/None	\$15/\$50/\$100/\$125

All Savers PPO and EPO Flex Focus benefit plans have the following family benefits:

Plan	Deductible	Network Out-of-Pocket Limit	Out-of-Network Out-of-Pocket Limit
Flex Focus P1000	3x Individual Deductible	3x Individual Limit	3x Individual Limit
Flex Focus E1000			
Flex Focus P2000		2x Individual Limit	
Flex Focus E2000			
Flex Focus P3000			
Flex Focus E3000			

All Savers PPO and EPO Flex Focus benefit plans have the following benefits:

Lab/Xray	MRI, CT, etc.	I/P & O/P Surgery
Ded+Coins	\$250+Ded+Coins	\$250+Ded+Coins

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
HSA All Savers Plans (ChoicePlus Network)						
HP1500	None	\$1,500/\$3,000	Non-Embedded	80%/50%	\$3,000/\$6,000	None
HP20003060	\$30/\$60/\$100/\$300 ⁵	\$2,000/\$4,000	Non-Embedded	100%/50%	\$6,550/\$8,000	\$10/\$35/\$60/\$100 ⁵
HP2000Rx10i80	None	\$2,000/\$4,000	Non-Embedded	80%/50%	\$6,550/\$8,000	\$10/\$35/\$60/\$100 ⁵
HP2000X ⁴	None	\$2,000/\$4,000	Non-Embedded	80%/50%	\$4,000/\$8,000	None
HP2850Rx10i80	None	\$2,850/\$5,700	Embedded	80%/50%	\$6,550/\$11,400	\$10/\$35/\$60/\$100 ⁵
HP28503060	\$30/\$60/\$100/\$300 ⁵	\$2,850/\$5,700	Embedded	100%/50%	\$6,550/\$11,400	\$10/\$35/\$60/\$100 ⁵
HP35003060	\$30/\$60/\$100/\$300 ⁵	\$3,500/\$7,000	Embedded	100%/50%	\$6,550/\$14,000	\$10/\$35/\$60/\$100 ⁵
HP50003060	\$30/\$60/\$100/\$300 ⁵	\$5,000/\$10,000	Embedded	100%/50%	\$6,550/\$20,000	\$10/\$35/\$60/\$100 ⁵
HP6650	None	\$6,650/\$13,300	Embedded	100%/50%	\$6,650/\$26,600	None

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
HSA – EPO All Savers Plans (Choice Network: no out-of-network coverage³)						
HE1500	None	\$1,500/None	Non-Embedded	80%/None	\$3,000/None	None
HE20003060	\$30/\$60/\$100/\$300 ⁵	\$2,000/None	Non-Embedded	100%/None	\$6,550/None	\$10/\$35/\$60/\$100 ⁵
HE2000Rx10i80	None	\$2,000/None	Non-Embedded	80%/None	\$6,550/None	\$10/\$35/\$60/\$100 ⁵
HE2000X ⁴	None	\$2,000/None	Non-Embedded	80%/None	\$4,000/None	None
HE2850Rx10i80	None	\$2,850/None	Embedded	80%/None	\$6,550/None	\$10/\$35/\$60/\$100 ⁵
HE28503060	\$30/\$60/\$100/\$300 ⁵	\$2,850/None	Embedded	100%/None	\$6,550/None	\$10/\$35/\$60/\$100 ⁵
HE35003060	\$30/\$60/\$100/\$300 ⁵	\$3,500/None	Embedded	100%/None	\$6,550/None	\$10/\$35/\$60/\$100 ⁵
HE50003060	\$30/\$60/\$100/\$300 ⁵	\$5,000/None	Embedded	100%/None	\$6,550/None	\$10/\$35/\$60/\$100 ⁵
HE6650	None	\$6,650/None	Embedded	100%/None	\$6,650/None	None

All Savers HSA and HSA-EPO benefit plans have the following family benefits:

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
PPO All Savers Plans (ChoicePlus Network)						
P01575e	\$15/\$15/\$75/\$300	\$0/\$1,000	Embedded	100%/50%	\$2,000/\$5,000	\$10/\$35/\$60/\$200
P015100e	\$15/\$15/\$100/\$300	\$0/\$1,000	Embedded	90%/50%	\$2,000/\$5,000	\$10/\$35/\$60/\$200
P50030e	\$30/\$30/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
P50030eLX	\$30/\$30/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
P5003060e	\$30/\$60/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
P5003060eLX	\$30/\$60/\$100/\$300	\$500/\$1,000	Embedded	80%/50%	\$3,000/\$6,000	\$10/\$35/\$60/\$200
P100030e	\$30/\$30/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P100030eLX	\$30/\$30/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P10003060e	\$30/\$60/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P10003060eLX	\$30/\$60/\$100/\$300	\$1,000/\$2,000	Embedded	80%/50%	\$3,500/\$7,000	\$15/\$35/\$75/\$250
P150030e	\$30/\$30/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P150030eLX	\$30/\$30/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P15003060e	\$30/\$60/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P15003060eLX	\$30/\$60/\$100/\$300	\$1,500/\$3,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P200030e	\$30/\$30/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P200030eLX	\$30/\$30/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20003060e	\$30/\$60/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20003060eLX	\$30/\$60/\$100/\$300	\$2,000/\$4,000	Embedded	100%/50%	\$4,000/\$8,000	\$15/\$35/\$75/\$250
P20004080ei80Max	\$40/\$80/\$100/\$300	\$2,000/\$4,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P20004080ei80MaxLX	\$40/\$80/\$100/\$300	\$2,000/\$4,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P20004080ei50Max	\$40/\$80/\$100/\$300	\$2,000/\$4,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P20004080ei50MaxLX	\$40/\$80/\$100/\$300	\$2,000/\$4,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P250030e	\$30/\$30/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P250030eLX	\$30/\$30/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P25003060e	\$30/\$60/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P25003060eLX	\$30/\$60/\$100/\$300	\$2,500/\$5,000	Embedded	100%/50%	\$5,000/\$10,000	\$15/\$35/\$75/\$250
P25004080ei80Max	\$40/\$80/\$100/\$300	\$2,500/\$5,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P25004080ei80MaxLX	\$40/\$80/\$100/\$300	\$2,500/\$5,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P25004080ei50Max	\$40/\$80/\$100/\$300	\$2,500/\$5,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P25004080ei50MaxLX	\$40/\$80/\$100/\$300	\$2,500/\$5,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P300030e	\$30/\$30/\$100/\$300	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P300030eLX	\$30/\$30/\$100/\$300	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P30003060e	\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P30003060eLX	\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	100%/50%	\$5,500/\$11,000	\$15/\$35/\$75/\$250
P30003060ei80Max	\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
PPO All Savers Plans (ChoicePlus Network) continued...						
P30003060ei80MaxLX	\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P30003060ei50Max	\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P30003060ei50MaxLX	\$30/\$60/\$100/\$300	\$3,000/\$6,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P350030e	\$30/\$30/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P350030eLX	\$30/\$30/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P35003060e	\$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P35003060eLX	\$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	100%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P35003060ei80Max	\$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P35003060ei80MaxLX	\$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P35003060ei50Max	\$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P35003060ei50MaxLX	\$30/\$60/\$100/\$300	\$3,500/\$7,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P400080e	\$80/\$80/\$100/\$300	\$4,000/\$8,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P400080eLX	\$80/\$80/\$100/\$300	\$4,000/\$8,000	Embedded	80%/50%	\$6,000/\$12,000	\$15/\$35/\$75/\$250
P400080ei80Max	\$80/\$80/\$100/\$300	\$4,000/\$8,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P400080ei80MaxLX	\$80/\$80/\$100/\$300	\$4,000/\$8,000	Embedded	80%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P400080ei50Max	\$80/\$80/\$100/\$300	\$4,000/\$8,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P400080ei50MaxLX	\$80/\$80/\$100/\$300	\$4,000/\$8,000	Embedded	50%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P500060e	\$60/\$60/\$100/\$300	\$5,000/\$10,000	Embedded	100%/50%	\$6,350/\$15,000	\$15/\$35/\$75/\$250
P500060eLX	\$60/\$60/\$100/\$300	\$5,000/\$10,000	Embedded	100%/50%	\$6,350/\$15,000	\$15/\$35/\$75/\$250
P600060e	\$60/\$60/\$100/\$300	\$6,000/\$12,000	Embedded	100%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250
P600060eLX	\$60/\$60/\$100/\$300	\$6,000/\$12,000	Embedded	100%/50%	\$7,350/\$14,700	\$15/\$35/\$75/\$250

**All Savers PPO benefit plans
have the following family benefits:**

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

- PPO Plan designs ending in e (e.i. P5003060e) for minor diagnostics are covered at 100% at a network provider. Plan designs ending in eLX (e.i. P5003060eLX) for minor diagnostics are subject to deductible and coinsurance.
- PPO Plan designs for ER services are subject to a copay which is followed by the plan level deductible and coinsurance.

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
EPO All Savers Plans (Choice Network: no out-of-network coverage²)						
E01575e	\$15/\$15/\$75/\$300	\$0/None	Embedded	100%/None	\$5,000/None	\$10/\$35/\$60/\$200
E015100e	\$15/\$15/\$100/\$300	\$0/None	Embedded	90%/None	\$2,000/None	\$10/\$35/\$60/\$200
E50030e	\$30/\$30/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
E50030eLX	\$30/\$30/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
E5003060e	\$30/\$60/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
E5003060eLX	\$30/\$60/\$100/\$300	\$500/None	Embedded	80%/None	\$3,000/None	\$10/\$35/\$60/\$200
E100030e	\$30/\$30/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E100030eLX	\$30/\$30/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E10003060e	\$30/\$60/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E10003060eLX	\$30/\$60/\$100/\$300	\$1,000/None	Embedded	80%/None	\$3,500/None	\$15/\$35/\$75/\$250
E150030e	\$30/\$30/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E150030eLX	\$30/\$30/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E15003060e	\$30/\$60/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E15003060eLX	\$30/\$60/\$100/\$300	\$1,500/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E200030e	\$30/\$30/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E200030eLX	\$30/\$30/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20003060e	\$30/\$60/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20003060eLX	\$30/\$60/\$100/\$300	\$2,000/None	Embedded	100%/None	\$4,000/None	\$15/\$35/\$75/\$250
E20004080ei80Max	\$40/\$80/\$100/\$300	\$2,000/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E20004080ei80MaxLX	\$40/\$80/\$100/\$300	\$2,000/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E20004080ei50Max	\$40/\$80/\$100/\$300	\$2,000/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E20004080ei50MaxLX	\$40/\$80/\$100/\$300	\$2,000/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E250030e	\$30/\$30/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
E250030eLX	\$30/\$30/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
E25003060e	\$30/\$60/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
E25003060eLX	\$30/\$60/\$100/\$300	\$2,500/None	Embedded	100%/None	\$5,000/None	\$15/\$35/\$75/\$250
E25004080ei80Max	\$40/\$80/\$100/\$300	\$2,500/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E25004080ei80MaxLX	\$40/\$80/\$100/\$300	\$2,500/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E25004080ei50Max	\$40/\$80/\$100/\$300	\$2,500/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E25004080ei50MaxLX	\$40/\$80/\$100/\$300	\$2,500/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E300030e	\$30/\$30/\$100/\$300	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
E300030eLX	\$30/\$30/\$100/\$300	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
E30003060e	\$30/\$60/\$100/\$300	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250
E30003060eLX	\$30/\$60/\$100/\$300	\$3,000/None	Embedded	100%/None	\$5,500/None	\$15/\$35/\$75/\$250

Code	Copayments PCP/Spec/UC/ER	Deductible (Network/ Out-of-Network)	Deductible Type (Embed/ Non-Embed ¹)	Coinsurance Rate (Network/ Out-of-Network)	Out-of-Pocket Limit (Network/ Out-of-Network)	Pharmacy Copayments
EPO All Savers Plans (Choice Network: no out-of-network coverage²) continued...						
E30003060ei80Max	\$30/\$60/\$100/\$300	\$3,000/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E30003060ei80MaxLX	\$30/\$60/\$100/\$300	\$3,000/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E30003060ei50Max	\$30/\$60/\$100/\$300	\$3,000/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E30003060ei50MaxLX	\$30/\$60/\$100/\$300	\$3,000/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E350030e	\$30/\$30/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E350030eLX	\$30/\$30/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E35003060e	\$30/\$60/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E35003060eLX	\$30/\$60/\$100/\$300	\$3,500/None	Embedded	100%/None	\$6,000/None	\$15/\$35/\$75/\$250
E35003060ei80Max	\$30/\$60/\$100/\$300	\$3,500/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E35003060ei80MaxLX	\$30/\$60/\$100/\$300	\$3,500/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E35003060ei50Max	\$30/\$60/\$100/\$300	\$3,500/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E35003060ei50MaxLX	\$30/\$60/\$100/\$300	\$3,500/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E400080e	\$80/\$80/\$100/\$300	\$4,000/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
E400080eLX	\$80/\$80/\$100/\$300	\$4,000/None	Embedded	80%/None	\$6,000/None	\$15/\$35/\$75/\$250
E400080ei80Max	\$80/\$80/\$100/\$300	\$4,000/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E400080ei80MaxLX	\$80/\$80/\$100/\$300	\$4,000/None	Embedded	80%/None	\$7,350/None	\$15/\$35/\$75/\$250
E400080ei50Max	\$80/\$80/\$100/\$300	\$4,000/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E400080ei50MaxLX	\$80/\$80/\$100/\$300	\$4,000/None	Embedded	50%/None	\$7,350/None	\$15/\$35/\$75/\$250
E500060e	\$60/\$60/\$100/\$300	\$5,000/None	Embedded	100%/None	\$6,350/None	\$15/\$35/\$75/\$250
E500060eLX	\$60/\$60/\$100/\$300	\$5,000/None	Embedded	100%/None	\$6,350/None	\$15/\$35/\$75/\$250
E600060e	\$60/\$60/\$100/\$300	\$6,000/None	Embedded	100%/None	\$7,350/None	\$15/\$35/\$75/\$250
E600060eLX	\$60/\$60/\$100/\$300	\$6,000/None	Embedded	100%/None	\$7,350/None	\$15/\$35/\$75/\$250

All Savers EPO benefit plans have the following family benefits:

Deductible	Out-of-Pocket Limit
2x Individual Deductible	2x Individual Limit

- **EPO Plan designs ending in e (e.i. E5003060e) for minor diagnostics are covered at 100% at a network provider. Plan designs ending in eLX (e.i. E5003060eLX) for minor diagnostics are subject to deductible and coinsurance.**
- **EPO Plan designs for ER services are subject to a copay which is followed by the plan level deductible and coinsurance.**



¹ "Embedded" deductible means once an individual meets his or her portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.

² EPO plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network Facility by an out-of-network pathologist, emergency room physician, anesthesiologist, radiologist, or assistant surgeons; and (2) Services performed under the Emergency Care benefit.

³ Plans feature \$0 copay for the first 3 Primary Care Physician (PCP) and/or Specialist office visits for a maximum of 3 combined during the Plan Year. Office visits 4+ will be subject to plan deductible/coinsurance. Plans also feature \$0 copay for the first 2 Urgent Care visits during the Plan Year. Urgent Care visits 3+ will be subject to plan deductible/coinsurance. Preventive Care visits do not count against the office visit copayment limit.

⁴ With the HP2000X and HE2000X family plans, the Out-of-Pocket for one person is capped at \$6,550.

⁵ Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company in all states (except MA and NJ), UnitedHealthcare Insurance Company in MA, and UnitedHealthcare Life Insurance Company in NJ. 3100 AMS Blvd., Green Bay, WI 54313, 1-800-291-2634.

This product is not available in all states.