

# Health Benefit Plan

<b>Plan Design</b>	<b>Self-Funded</b> <i>(Plan Types – PPO Copay, PPO Copay HRA, PPO HSA)</i>
<b>Deductible</b>	\$500, \$750, \$1000, \$1500, \$2000, \$2500, \$3500
<b>Family Deductible</b>	2× Individual
<b>Benefit Percentage</b>	0%, 10%, 20%, 30%
<b>Coinsurance Out-of-Pocket</b>	\$0, \$1000, \$1500, \$2000, \$2500, \$3000
<b>Family Coinsurance Out-of-Pocket</b>	2× Individual
<b>Office Visit Copay</b>	\$30 or \$40 0%, 10%, 20%, 30% <i>(Non-inclusive copay as standard benefit but able to offer inclusive copay)</i>
<b>Urgent Care Services</b>	\$50, \$75, \$100 Inclusive <b>or</b> 0%, 10%, 20%, 30% <i>subject to deductible and/or coinsurance</i>
<b>Emergency Room</b>	\$200 Inclusive <b>or</b> 0%, 10%, 20%, 30% <i>subject to deductible and/or coinsurance</i>
<b>Prescription Deductible</b>	\$0, \$50, \$100
<b>Prescription Plans</b>	\$10/\$20/\$40/\$100 or \$10/\$35/\$75/\$100 <b>or</b> 0%, 10%, 20%, 30% <i>subject to deductible</i>

