

State Health Benefit Plan

2021	Gold Plan				Silver Plan				Bronze Plan			
	Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network	
Deductible												
You	\$1,500		\$3,000		\$2,000		\$4,000		\$2,500		\$5,000	
You + Child(ren) or Spouse	\$2,250		\$4,500		\$3,000		\$6,000		\$3,750		\$7,500	
You + Family	\$3,000		\$6,000		\$4,000		\$8,000		\$5,000		\$10,000	
Out-of-Pocket Limit												
You	\$4,000		\$8,000		\$5,000		\$10,000		\$6,000		\$12,000	
You + Child(ren) or Spouse	\$6,000		\$12,000		\$7,500		\$15,000		\$9,000		\$18,000	
You + Family	\$8,000		\$16,000		\$10,000		\$20,000		\$12,000		\$24,000	
Coinsurance (Plan Pays)	85%		60%		80%		60%		75%		60%	
HRA												
You	\$400				\$200				\$100			
You + Child(ren) or Spouse	\$600				\$300				\$150			
You + Family	\$800				\$400				\$200			
Medical												
ER	coins after ded				coins after ded				coins after ded			
Urgent Care	coins after ded				coins after ded				coins after ded			
PCP Visit	coins after ded				coins after ded				coins after ded			
Specialist Visit	coins after ded				coins after ded				coins after ded			
Preventive Care	100%		Not covered		100%		Not covered		100%		Not covered	
Telemedicine/Virtual Visit	85% coverage; not subject to deductible		Not covered		80% coverage; not subject to deductible		Not covered		75% coverage; not subject to deductible		Not covered	
Retail Rx												
Tier 1	15%, Min \$20, Max \$50				15%, Min \$20, Max \$50				15%, Min \$20, Max \$50			
Tier 2	25%, Min \$50, Max \$80				25%, Min \$50, Max \$80				25%, Min \$50, Max \$80			
Tier 3	25%, Min \$80, Max \$125				25%, Min \$80, Max \$125				25%, Min \$80, Max \$125			
Mail Order Rx - 90-Day												
Tier 1	15%, Min \$50, Max \$125				15%, Min \$50, Max \$125				15%, Min \$50, Max \$125			
Tier 2	25%, Min \$125, Max \$200				25%, Min \$125, Max \$200				25%, Min \$125, Max \$200			
Tier 3	25%, Min \$200, Max \$313				25%, Min \$200, Max \$313				25%, Min \$200, Max \$313			
Rx OOPM	Combined with Medical				Combined with Medical				Combined with Medical			
Premiums (Monthly)	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$175.68	\$320.11	\$436.33	\$580.76	\$114.32	\$215.80	\$307.47	\$408.95	\$76.58	\$151.64	\$228.22	\$303.28

