

Bronze HSA Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

Before selecting a plan to enroll in, always check the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) documents for specific costs. There may be variations between products that are not reflected here.

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Bronze 60 Health Savings Account
Individual Deductible	\$4,500 deductible for medical & drugs
Family Deductible	\$9,000 deductible
Preventative Care Copay ¹	no cost
Primary Care Visit Copay	40% ²
Specialty Care Visit Copay	40% ²
Urgent Care Visit Copay	40%
Tier 1 (most generics) Drug Copay	40%
Lab Testing Copay	40%
X-Ray Copay	40%
Emergency Room Facility Copay	40%
High cost and infrequent services (e.g. Hospital Stay)	40% of your plan's negotiated rate
Hospital Stay Physician Fee	40%
Tier 2 (preferred brand) Drug Copay after Pharmacy Deductible (if any)	40%
Tier 3 (non-preferred brand) Drug Copay after Pharmacy Deductible (if any)	40%
Tier 4 (specialty drugs) cost-share after Pharmacy Deductible (if any)	40%
Maximum Out-of-Pocket For One	\$6,500
Maximum Out-of-Pocket For Family	\$13,000

¹ in-network only