

Plan Designs

Networks: SCPremier, SCSelect and Preferred Choice Network

	In-Network					Out-of-Network			RX
PPO	Qualified	Copay	Member Co-Ins	Deductible	OOP Maximum	Member Co-Ins	Deductible	OOP Maximum	Rider
MPlan 1A 7350	NO	\$30/\$60	0%	\$7,350/\$14,700	\$7,350/\$14,700	50%	\$22,050/\$44,100	\$22,050/\$44,100	MOF
MPlan 2A 6000	NO	\$25/\$60	0%	\$6,000/\$12,000	\$7,350/\$14,700	50%	\$18,000/\$36,000	\$22,050/\$44,100	MOF
MPlan 3A 5000 HSA	YES	\$25/\$50*	0%	\$5,000/\$10,000	\$6,650/\$13,300	50%	\$15,000/\$30,000	\$19,950/\$39,900	MOFD'
MPlan 4A 5000	NO	\$25/\$50	0%	\$5,000/\$10,000	\$7,000/\$14,000	50%	\$15,000/\$30,000	\$21,000/\$42,000	MOF
MPlan 5A 3500 HSA	YES	\$25/\$50*	0%	\$3,500/\$7,000	\$6,000/\$12,000	50%	\$10,500/\$21,000	\$18,000/\$36,000	MOFD'
MPlan 6A 3500	NO	\$25/\$50	20%	\$3,500/\$7,000	\$5,500/\$11,000	50%	\$10,500/\$21,000	\$16,500/\$33,000	MOF
MPlan 7A 2500	NO	\$25/\$50	20%	\$2,500/\$5,000	\$5,000/\$10,000	50%	\$7,500/\$15,000	\$15,000/\$30,000	MOF
MPlan 8A 2000	NO	\$25/\$50	0%	\$2,000/\$4,000	\$5,000/\$10,000	50%	\$6,000/\$12,000	\$15,000/\$30,000	MOF
MPlan 9A 1000	NO	\$25/\$50	20%	\$1,000/\$2,000	\$4,500/\$9,000	50%	\$3,000/\$6,000	\$13,500/\$27,000	MOF
MPlan 10A 500	NO	\$25/\$50	20%	\$500/\$1,000	\$4,000/\$8,000	50%	\$2,000/\$4,000	\$12,000/\$24,000	MOF
MPlan 11A 6750 HSA	YES	STD	0%	\$6,750/\$13,500	\$6,750/\$13,500	50%	\$20,250/\$40,500	\$20,250/\$40,500	MOFD'
MPlan 16A 2500 HSA^	YES	STD	0%	\$2,500/\$5,000	\$3,000/\$6,000	50%	\$7,500/\$15,000	\$9,000/\$18,000	MOFD'
MPlan 17A 4000 HSA	YES	STD	0%	\$4,000/\$8,000	\$4,000/\$8,000	50%	\$12,000/\$24,000	\$12,000/\$24,000	MOFD'
MPlan 19A 1000	NO	\$30/\$60	0%	\$1,000/\$2,000	\$6,000/\$12,000	50%	\$3,000/\$6,000	\$18,000/\$36,000	MOF

- All plans include 100% Preventative Screening and Diagnostic
- Telemedicine covered in-network only at PCP office visit copay



^{*}STD — subject to deductible

[^]Aggregate deductible

^{&#}x27;Integrated RX Deductibles in and out-of-network