

MARPAI

AMERISTEAD HEALTH



PLAN	VALUE	BRONZE	HSA	SILVER	GOLD	PLATINUM	
Network	OPEN ACCESS	Cigna PPO	Cigna PPO	Cigna PPO	Cigna PPO	Cigna PPO	
Deductible (Ind/Fam)	\$5,000/\$10,000	\$8,000/\$16,000	\$6,000/\$12,000	\$5,000/\$10,000	\$3,000/\$6,000	\$250/500	
Coinsurance	60/40	70/30	70/30	70/30	80/20	80/20	
Max Out of Pocket (Ind/Fam)	\$9,000/\$18,000	\$8,700/\$17,400	\$7,000/\$14,000	\$8,700/\$17,400	\$8,700/\$17,400	\$1,250/\$2,500	
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	
Teledoctor	\$0	\$0	\$0	\$0	\$0	\$0	
Primary Care	40% After Deductible	\$50	30% After Deductible	\$40	\$35	\$25	
Specialist		\$120		\$80	\$55	\$45	
Urgent Care	\$75	\$100		\$60	\$55	\$45	
Labs/X-Ray	40% After Deductible	30% After Deductible		30% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
Diagnostic MRI/PET/CT/EKG							
Emergency Room							
Outpatient Surgical							
Hospital Admission							
Maternity							
RX (Generic/Brand/NP Brand)	Discount Card Only	\$10/\$35/\$75		\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	
RX Specialty		Contact PBM	Contact PBM	Contact PBM	Contact PBM	Contact PBM	
PREMIUMS	VALUE	BRONZE	HSA	SILVER	GOLD	PLATINUM	
Employee Only	\$303	\$544	\$640	\$674	\$941	\$1,003	
Employee + Spouse	\$475	\$856	\$1,012	\$1,067	\$1,493	\$1,632	
Employee + Child/ren	\$492	\$753	\$889	\$945	\$1,309	\$1,563	
Employee + Family	\$601	\$1,134	\$1,340	\$1,413	\$1,981	\$2,993	

Disclaimer: This document is a summary snapshot of plan benefits and rates for informational purposes only and is subject to change. It does not replace the Schedule of Benefits or official plan documents. For complete details on coverage, limitations, and exclusions, refer to the Schedule of Benefits. If this document differs from the Schedule of Benefits, the Schedule of Benefits and plan documents will govern.