

# Health Advantage

## 2024 Small Group Health Plans



### Plan-Year Benefit

Name	Medical Copay Type	Deductibles				Coinsurance		Out of Pocket Maximums				Medical Copays								RX Copays					Deductible Type	TrOOP Type
		IND	IND	FAM	FAM	IN	OUT	IND	IND	FAM	FAM	OT/PT/ST	MH Consult/Eval	IP	OP	ER	UC	PCP	SCP	Gen	Pref	Non Pref	Pref Spec	Spec		
		In-Net	OON	In-Net	OON			In-Net	OON	In-Net	OON															
Gold 1500 ELITE	a, b, c, d	\$1,500	\$2,250	\$3,000	\$4,500	20%	40%	\$5,350	\$8,025	\$10,700	\$16,050	\$25	\$25	\$200	\$100	\$100	\$65	\$25	\$65	\$15	\$45	\$75	\$150	\$300	Fulfillment	Embedded
Silver 3000 ELITE	c, d	\$3,000	\$3,900	\$6,000	\$7,800	20%	40%	\$9,100	\$11,830	\$18,200	\$23,660	\$40	\$40	n/a	\$200	n/a	\$85	\$40	\$85	\$30	\$65	\$110	coins	coins	Fulfillment	Embedded

#### Deductible Types

**Fulfillment** - Each family member is subject to the individual deductible until two or three family members have met their individual deductible limit.

**Aggregate (True Family)** - Each family member is subject to the family deductible until the family deductible limit is met.

**Embedded** - Each family members is subject to the individual deductible limit until the sum total family deductible limit has been reached.

#### UNLESS OTHERWISE MENTIONED BELOW, COPAYS ARE NOT SUBJECT TO DEDUCTIBLE

**a:** (ER) has copay before deductible, then coinsurance.

**b:** (IP) & (SNF) have copay before deductible. Copays are per admit.

**c:** Three free visits before member cost sharing applies for Mental Health visit.

**d:** (OP) copay refers to OP ASC facility fee (NOT phys/surg services) & is copay, then deductible, then coinsurance.