



**LLPS, Inc.**  
Renewal Summary

		Current Plan 2020 GFH005 PHP Gold 1000 PPO		Renewal Plan 2021 GFH005 PHP Gold 1000 PPO	
Group Number	Product ID				
L0001596	Product Name				
Network	Network				
<b>Medical</b> <b>Member Cost Share</b>					
Deductible	Single Family	Network	Out-of-Network	Network	Out-of-Network
		\$1,000	\$3,500	\$1,000	\$3,500
		\$2,000	\$7,000	\$2,000	\$7,000
Coinurance	After deductible	20%	30% after ded	20%	30% after ded
Coinurance Maximum	Single Family	NA	N/A	NA	N/A
		NA		NA	
Maximum Out-of-Pocket	Single Family	\$5,400	\$7,000	\$6,200	\$7,000
MOOP		\$10,800	\$14,000	\$12,400	\$14,000
Telehealth	Acute Care Behavioral Health	\$5	N/A	\$5	N/A
		\$25		\$30	
Convenience Care		\$25	30% after ded	\$30	30% after ded
Sparrow FastCare					
Office Visit	OV	\$25	30% after ded	\$30	30% after ded
Specialist Visit	Spec	\$50	30% after ded	\$60	30% after ded
Outpatient Therapy	PT/OT Cardiac/Pulmonary Speech	\$50 after ded	30% after ded	\$60	30% after ded
Chiropractic Visit	Chiro	\$30 after ded	30% after ded	\$30	30% after ded
Urgent Care	UC	\$60	Same as Network	\$60	Same as Network
Emergency Department	ED	\$300 after ded		\$300 after ded	
Advanced Imaging	MRI/PET/CT/ Hi-Tech Radiology	\$150 after ded	30% after ded	\$150 after ded	30% after ded
<b>Pharmacy Member Cost Share</b>				<b>Premium</b>	
<b>2020</b>		<b>2021</b>		<b>Current</b>	<b>Renewal</b>
Tier 1 Preferred Generic & Select Brand-Name	\$20	Tier 1A Preferred Generic (Preferred Generic & select Brand-Name drugs that treat certain chronic conditions)	\$10	2020 Monthly	2021 Monthly
Tier 2 Preferred Traditional & Specialty Brand-Name	\$50	Tier 1B Other Preferred Generic (Non-specialty, not on Tier 1A)	\$25	\$13,801.51	\$13,270.64
Tier 3 Non-Preferred Traditional	\$80	Tier 2 Preferred Brand-Name Traditional	\$60	<b>Percent Change</b>	
Tier 4 Non-Preferred Specialty	\$150	Tier 3 Non-Preferred Brand-Name Traditional Tier 4 Preferred Generic & Brand-Name Specialty	\$100	-3.8%	
			20% max \$200		
			20% max \$300		