

**Renewal Summary**

		<b>Current Plan 2018</b>		<b>Renewal Plan 2019</b>	
<b>Group Number</b>		Product Name		Product ID	
<b>L0001596</b>		<b>Gold 500</b>		<b>Gold 1000</b>	
Network		<b>GFH004</b>		<b>GFH005</b>	
<b>Medical</b> <b>Member Cost Share</b>					
		<b>Network</b>	<b>Out-of-Network</b>	<b>Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>	Single	\$500	\$1,000	\$1,000	\$3,500
	Family	\$1,000	\$2,000	\$2,000	\$7,000
<b>Coinsurance</b> After deductible		20%	30%	20%	30%
<b>Maximum Out-of-Pocket</b> MOOP	Single	\$5,200	\$6,000	\$5,000	\$7,000
	Family	\$10,400	\$12,000	\$10,000	\$14,000
<b>Telehealth</b>		\$30		\$5	
<b>Convenience Care</b> Sparrow FastCare		\$30		\$25	
<b>Office Visit</b> OV		\$30	Ded/Co-Ins (Out-of-network)	\$25	Ded/Co-Ins (Out-of-network)
<b>Chiropractic Visit</b>		20% after ded	Ded/Co-Ins (Out-of-network)	\$30 after ded	
<b>Outpatient Therapy</b>	PT/OT Cardiac/Pulmonary Speech	20% after ded	Ded/Co-Ins (Out-of-network)	\$50 after ded	Ded/Co-Ins (Out-of-network)
<b>Specialist Visit</b> Spec		\$60	Ded/Co-Ins (Out-of-network)	\$50	Ded/Co-Ins (Out-of-network)
<b>Urgent Care</b> UC		\$50	Same as Network	\$60	Same as Network
<b>Emergency Department</b> ED		\$325 after ded	Same as Network	\$300 after ded	Same as Network
<b>Advanced Imaging</b> MRI/PET/CT/ Hi-Tech Radiology		20% after ded	Ded/Co-Ins (Out-of-network)	\$150 after ded	Ded/Co-Ins (Out-of-network)

		<b>Pharmacy</b> <b>Member Cost Share</b>		<b>Premium</b>		
		<b>2018</b>	<b>2019</b>	<b>Current</b>	<b>Renewal</b>	
<b>Generic</b>	<b>Tier 1</b>	\$20	\$20	<b>2018 Monthly</b>	<b>2019 Monthly</b>	
<b>Brand Preferred</b>	<b>Tier 2</b>	\$50	\$50			
<b>Brand Non-Preferred</b>	<b>Tier 3</b>	\$80	\$80	<b>Percent Change</b>		
<b>Specialty Non-Preferred</b>	<b>Tier 4</b>	\$150	\$150			
		9.60%				