



LLPS, Inc.


Renewal Summary

Group Number
L0001596

Product Name
Product ID
Network

Current Plan 2018	Renewal Plan 2019
Gold 500 GFH004 PPO	Gold 1000 GFH005 PPO

		Medical Member Cost Share			
		Network	Out-of-Network	Network	Out-of-Network
Deductible	Single	\$500	\$1,000	\$1,000	\$3,500
	Family	\$1,000	\$2,000	\$2,000	\$7,000
Coinsurance After deductible		20%	30%	20%	30%
Maximum Out-of-Pocket MOOP	Single	\$5,200	\$6,000	\$5,000	\$7,000
	Family	\$10,400	\$12,000	\$10,000	\$14,000
Telehealth		\$30		\$5	
Convenience Care Sparrow FastCare		\$30		\$25	
Office Visit OV		\$30	Ded/Co-Ins (Out-of-network)	\$25	Ded/Co-Ins (Out-of-network)
Chiropractic Visit		20% after ded	Ded/Co-Ins (Out-of-network)	\$30 after ded	
Outpatient Therapy		20% after ded	Ded/Co-Ins (Out-of-network)	\$50 after ded	Ded/Co-Ins (Out-of-network)
Specialist Visit Spec		\$60	Ded/Co-Ins (Out-of-network)	\$50	Ded/Co-Ins (Out-of-network)
Urgent Care UC		\$50	Same as Network	\$60	Same as Network
Emergency Department ED		\$325 after ded	Same as Network	\$300 after ded	Same as Network
Advanced Imaging MRI/PET/CT/ Hi-Tech Radiology		20% after ded	Ded/Co-Ins (Out-of-network)	\$150 after ded	Ded/Co-Ins (Out-of-network)

		Pharmacy Member Cost Share		Premium	
		2018	2019	Current	Renewal
Generic	Tier 1	\$20	\$20	2018 Monthly \$11,250.32	2019 Monthly \$12,334.56
Brand Preferred	Tier 2	\$50	\$50		
Brand Non-Preferred	Tier 3	\$80	\$80	Percent Change 9.60%	
Specialty Non-Preferred	Tier 4	\$150	\$150		