



## Mandatory Poster Agency

### Renewal Summary

		Current Plan 2018	Renewal Plan 2019
Group Number	Product Name	Gold 500 GFH004 PPO	Gold 1000 GFH005 PPO
L0001596	Product ID		

		Medical Member Cost Share			
		Network	Out-of-Network	Network	Out-of-Network
<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)

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