











## Mandatory Poster Agency Renewal Summary

		Current Plan 2018		Renewal Plan 2019		
Group Number		Product Name  Product ID  Network	Gold 500 GFH004 PPO		Gold 1000 GFH005 PPO	
L0001596						
			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	PT/OT Cardiac/Pulmonary Speech	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	2019 Monthly	
Brand Preferred	Tier 2	\$50	\$50			
Brand Non-Preferred	Tier 3	\$80	\$80	Percent Change  9.60%		
Specialty Non-Preferred	Tier 4	\$150	\$150			