### Benefits overview

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Out of Pocket Maximum</th>
<th>Preventive Care</th>
<th>Retail Health/Convenience Care</th>
<th>Office Visit/Specialist Visit/Urgent Care</th>
<th>Hospitalization (In and out patient)</th>
<th>Prescription Drugs</th>
<th>Emergency Room</th>
</tr>
</thead>
</table>
| $350 per person; $700 per family | $2,500 per person; $5,000 per family | 100% coverage | $20 Copay | Office Visit: $20 Copay/Specialist Visit $30 Copay/Urgent Care $20 Copay | After deductible is met: 20% co-insurance | Generic : $15.00  
Preferred: $30.00  
Non-Preferred: $45.00 | $75 Copay |
| $6,000 per person; $12,000 per family | $7,500 per person; $15,000 per family | 100% coverage | After deductible is met: 20% co-insurance | After deductible is met: 20% co-insurance | After deductible is met: 20% co-insurance | Generic : 20% coinsurance  
Preferred: 20% coinsurance  
Non-Preferred: 20% coinsurance | After deductible is met: 20% co-insurance |
| $3,750 per person; $7,500 per family | $5,750 per person; $11,500 per family | 100% coverage | After deductible is met: 20% co-insurance | After deductible is met: 20% co-insurance | After deductible is met: 20% co-insurance | | |

**Welcometomedica.com/SPPS** for more details on plans offered.