

New Level360 Plan Designs

Classic						
Plan Name	Classic .5K 90/2000	Classic 1K 80/3000	Classic 2K 80/4000	Classic 2.5K 80/5000	Classic 3.5K 70/7000	Classic 5K 100/5000
Deductible (INN)						
Individual	\$500	\$1,000	\$2,000	\$2,500	\$3,500	\$5,000
Family	\$1,000	\$2,000	\$4,000	\$5,000	\$7,000	\$10,000
Deductible (OON)						
Individual	\$1,000	\$2,000	\$4,000	\$5,000	\$7,000	\$10,000
Family	\$2,000	\$4,000	\$8,000	\$10,000	\$14,000	\$20,000
Max Out of Pocket (INN)						
Individual	\$2,000	\$3,000	\$4,000	\$5,000	\$7,000	\$5,000
Family	\$4,000	\$6,000	\$8,000	\$10,000	\$14,000	\$10,000
Max Out of Pocket (OON)						
Individual	\$4,000	\$6,000	\$8,000	\$10,000	\$14,000	\$10,000
Family	\$8,000	\$12,000	\$16,000	\$20,000	\$28,000	\$20,000
Coinsurance - INN/OON						
Carrier	90%/50%	80%/50%	80%/50%	80%/50%	70%/50%	100%/50%
Member	10%/50%	20%/50%	20%/50%	20%/50%	30%/50%	0%/50%
Office Visit						
PCP (INN)	\$25	\$25	\$25	\$25	\$25	\$25
Specialist (INN)	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Care						
Urgent Care Center (INN)	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Room	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance
Prescription Drug						
Preferred Generic	\$15	\$15	\$15	\$15	\$15	\$15
Preferred Brand	\$75	\$75	\$75	\$75	\$75	\$75
Non Preferred Brand	\$150	\$150	\$150	\$150	\$150	\$150
Specialty	20% up to \$300	20% up to \$300	20% up to \$300	20% up to \$300	20% up to \$300	20% up to \$300

New Level360 Plan Designs

Basic						
Plan Name	Basic 2K 80/9000	Basic 3K 80/9000	Basic 4K 80/9000	Basic 5K 70/9000	Basic 6.5K 70/9000	Basic 7.5K 70/9000
Deductible (INN)						
Individual	\$2,000	\$3,000	\$4,000	\$5,000	\$6,500	\$7,500
Family	\$4,000	\$6,000	\$8,000	\$10,000	\$13,000	\$15,000
Deductible (OON)						
Individual	\$4,000	\$6,000	\$8,000	\$10,000	\$13,000	\$15,000
Family	\$8,000	\$12,000	\$16,000	\$20,000	\$26,000	\$30,000
Max Out of Pocket (INN)						
Individual	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
Family	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000
Max Out of Pocket (OON)						
Individual	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000
Family	\$36,000	\$36,000	\$36,000	\$36,000	\$36,000	\$36,000
Coinsurance - INN/OON						
Carrier	80%/50%	80%/50%	80%/50%	70%/50%	70%/50%	70%/50%
Member	20%/50%	20%/50%	20%/50%	30%/50%	30%/50%	30%/50%
Office Visit						
PCP (INN)	\$50	\$50	\$50	\$50	\$50	\$50
Specialist (INN)	\$100	\$100	\$100	\$100	\$100	\$100
Emergency Care						
Urgent Care Center (INN)	\$100	\$100	\$100	\$100	\$100	\$100
Emergency Room	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance	Ded. + Coinsurance
Prescription Drug						
Preferred Generic	\$15	\$15	\$15	\$15	\$15	\$15
Preferred Brand	\$75	\$75	\$75	\$75	\$75	\$75
Non Preferred Brand	\$150	\$150	\$150	\$150	\$150	\$150
Specialty	20% up to \$300	20% up to \$300	20% up to \$300	20% up to \$300	20% up to \$300	20% up to \$300

