

Prevea360 Health Plan direct plans are not available through the Marketplace. These plan options offer additional value-added benefits and are best suited for individuals and families that are not eligible for financial subsidies. Visit [prevea360.com/calculator](https://prevea360.com/calculator) for help deciding which option is best for you.

Value-added Benefits



Adult Eye Exams

To keep your prescriptions up to date and eyes seeing clear



Travel Immunizations

Added peace of mind while enjoying your vacations

Copay Plus Plan Options

Plan Name	Deductible (Single / Family)	Coinsurance	Annual Max Out-of-Pocket (Single / Family)	Primary Care Office Visit	Specialist Office Visit	Virtual Care	Preventive Exam*	Urgent Care	Emergency Room	Outpatient Lab/X-ray	Hospital Stay
Gold Copay Plus 1550	\$1,550 / \$3,100	20%	\$5,100 / \$10,200	\$30 copay	\$60 copay	No charge	No charge	\$30 copay	\$325 copay before policy deductible & coinsurance	20% after deductible	20% after deductible
Silver Copay Plus 4850	\$4,850 / \$9,700	30%	\$8,550 / \$17,100							30% after deductible	30% after deductible
Bronze Copay Plus 8550	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	\$60 copay	\$120 copay			\$60 copay	\$500 copay before policy deductible & coinsurance	No charge after deductible	No charge after deductible

Copay Plus Prescription Drug Benefits – Gold & Silver offer \$15 Generics, \$50 Preferred Brand, 50% Non-Preferred Brand, 50% Specialty; Bronze offers \$15 Generics & no charge after deductible on all other tiers

Value Copay Plan Options

Plan Name	Deductible (Single / Family)	Coinsurance	Annual Max Out-of-Pocket (Single / Family)	Primary Care Office Visit	Specialist Office Visit	Virtual Care	Preventive Exam*	Urgent Care	Emergency Room	Outpatient Lab/X-ray	Hospital Stay
Gold Value Copay 3750	\$3,750 / \$7,500	0%	\$3,750 / \$7,500	\$25 copay for 3 visits then no charge after deductible	No charge after deductible	No charge	No charge	No charge after deductible	\$325 copay before policy deductible & coinsurance	No charge after deductible	No charge after deductible
Silver Value Copay 5050	\$5,050 / \$10,100	30%	\$8,550 / \$17,100	\$25 copay for 3 visits then 30% coinsurance after deductible	30% after deductible			30% after deductible		30% after deductible	30% after deductible
Bronze Value Copay 8550	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	\$125 copay for 3 visits then no charge after deductible	No charge after deductible			No charge after deductible		No charge after deductible	No charge after deductible

Value Copay Prescription Drug Benefits – Gold & Silver offer \$15 Generics, 50% Preferred Brand, 50% Non-Preferred Brand, 50% Specialty; Bronze offers no charge after deductible on all tiers

HSA Eligible Plan Options

Plan Name	Deductible** (Single / Family)	Coinsurance	Annual Max Out-of-Pocket (Single / Family)	Primary Care Office Visit	Specialist Office Visit	Virtual Care	Preventive Exam*	Urgent Care	Emergency Room	Outpatient Lab/X-ray	Hospital Stay
Gold HSA 2000	\$2,000 / \$4,000	20%	\$4,250 / \$8,500	20% after deductible	20% after deductible	\$35 copay	No charge	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Silver HSA-E 4550	\$4,550 / \$9,100		\$6,900 / \$13,800								
Bronze HSA-E 6900	\$6,900 / \$13,800	0%	\$6,900 / \$13,800	No charge after deductible	No charge after deductible			No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible

HSA Eligible Prescription Drug Benefits – Policy coinsurance after deductible on all tiers  
Our HSA eligible plans are designed to offer maximum consumer value through a separate HDHP HSA formulary, increasing access to lower cost generic drugs.

\*\*If purchasing an HSA eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met.

\*Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).