

	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1,000	Gold \$1,250	Gold \$2,000
Premium (Q1 Circle)						
Individual	\$966.72	\$997.08	\$856.83	\$816.36	\$775.90	\$778.35
Individual + Spouse	\$1,933.44	\$1,994.16	\$1,713.65	\$1,632.72	\$1,551.79	\$1,556.69
Individual + Child(ren)	\$1,643.42	\$1,695.03	\$1,456.61	\$1,387.81	\$1,319.02	\$1,323.19
Family	\$2,755.15	\$2,841.67	\$2,441.96	\$2,326.63	\$2,211.30	\$2,218.29
Premium (Q1 Circle Plus)						
Individual	\$1,080.88	\$1,108.35	\$967.58	\$923.11	\$883.92	\$886.62
Individual + Spouse	\$2,161.75	\$2,216.70	\$1,935.17	\$1,846.22	\$1,767.84	\$1,773.24
Individual + Child(ren)	\$1,837.49	\$1,884.19	\$1,644.89	\$1,569.28	\$1,502.67	\$1,507.25
Family	\$3,080.50	\$3,158.80	\$2,757.62	\$2,630.86	\$2,519.17	\$2,526.87
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$1,000 / \$2,000	\$1,250 / \$2,500	\$2,000 / \$4,000
Out-of-Pocket Max (Individual / Family)	\$2,400 / \$4,800	\$2,000 / \$4,000	\$8,150 / \$16,300	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,000 / \$10,000
RX Drug Deductible	N/A	N/A	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$150 / \$300
HSA compatible?	No	No	No	No	No	No
24/7 Doctor on Call	Free	Free	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary Care / OBGYN visits	\$10	\$5	\$20	\$25	\$40	\$25
Specialist visits	\$25	\$20	\$40	\$50	\$70	\$50
Mental health office visits	\$10	\$5	\$20	\$25	\$40	\$25
Labs	\$15	\$20	\$40	\$50	\$70	\$50
Emergency Room	\$500	\$250	\$650	10% after ded	20% after ded	\$250
Urgent Care	\$75	\$25	\$75	\$75	\$90	\$75
MRIs & Advanced Imaging	\$100	\$50	\$140	\$200	\$200	\$200
Xrays & Diagnostic Imaging	\$50	\$20	\$40	\$100	\$100	\$100
Outpatient Facility / Inpatient Facility	\$100 / \$500	\$100 / \$500	\$250 / \$500 (5 day max)	\$500 after ded / 10% after ded	\$500 after ded / 20% after ded	\$500 after ded / 20% after ded
Prescription drugs (Tier 1 / 2 / 3)	\$10 / \$30 / \$75	\$3 / \$10 / \$50	\$10 / \$35 after ded / \$100 after ded	\$15 / \$50 after ded / \$100 after ded	\$10 / \$50 after ded / \$100 after ded	\$10 / \$50 after ded / \$100 after ded

¹ This is a contracted rate and is subject to change. Once the deductible is met, Doctor on Call services will be covered in full

	Silver \$0	Silver \$3,000 Option 1	Silver \$4,500	Bronze \$4,500	Bronze \$8,150	Silver \$3,000 HSA Option 2	Bronze \$6,750 HSA
Premium (Q1 Circle)							
Individual	\$754.37	\$688.96	\$644.01	\$563.29	\$538.61	\$633.11	\$575.11
Individual + Spouse	\$1,508.73	\$1,377.91	\$1,288.02	\$1,126.58	\$1,077.23	\$1,266.22	\$1,150.22
Individual + Child(ren)	\$1,282.42	\$1,171.22	\$1,094.82	\$957.59	\$915.64	\$1,076.28	\$977.69
Family	\$2,149.94	\$1,963.52	\$1,835.43	\$1,605.37	\$1,535.05	\$1,804.36	\$1,639.06
Premium (Q1 Circle Plus)							
Individual	\$861.94	\$792.14	\$748.07	\$653.22	\$625.73	\$730.22	\$665.16
Individual + Spouse	\$1,723.88	\$1,584.28	\$1,496.15	\$1,306.43	\$1,251.46	\$1,460.44	\$1,330.32
Individual + Child(ren)	\$1,465.30	\$1,346.64	\$1,271.73	\$1,110.47	\$1,063.74	\$1,241.37	\$1,130.77
Family	\$2,456.54	\$2,257.60	\$2,132.01	\$1,861.67	\$1,783.33	\$2,081.13	\$1,895.71
The Basics							
Deductible (Individual / Family)	\$0 / \$0	\$3,000 / \$6,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$8,150 / \$16,300	\$3,000 / \$6,000	\$6,750 / \$13,500
Out-of-Pocket Max (Individual / Family)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,750 / \$13,500	\$6,750 / \$13,500
RX Drug Deductible	\$100 / \$200	\$100 / \$200	N/A	N/A	N/A	N/A	N/A
HSA compatible?	No	No	No	No	No	Yes	Yes
24/7 Doctor on Call	Free	Free	Free	Free	Free	\$15 ¹	\$15 ¹
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits							
Primary Care / OBGYN visits	\$50	\$40	\$40	50% after ded	Free after ded	30% after ded	Free after ded
Specialist visits	\$80	\$75	\$75	50% after ded	Free after ded	30% after ded	Free after ded
Mental health office visits	\$50	\$40	\$40	50% after ded	Free after ded	30% after ded	Free after ded
Labs	\$80	\$75	\$75	50% after ded	Free after ded	30% after ded	Free after ded
Emergency Room	\$750	30% after ded	50% after ded	50% after ded	Free after ded	30% after ded	Free after ded
Urgent Care	\$90	\$85	\$90	\$75	Free after ded	30% after ded	Free after ded
MRIs & Advanced Imaging	\$180	\$200	\$200	50% after ded	Free after ded	30% after ded	Free after ded
Xrays & Diagnostic Imaging	\$80	\$100	\$100	50% after ded	Free after ded	30% after ded	Free after ded
Outpatient Facility / Inpatient Facility	\$500 / \$1,500	\$500 after ded / 30% after ded	\$500 after ded / 50% after ded	50% after ded	Free after ded	30% after ded	Free after ded
Prescription drugs (Tier 1 / 2 / 3)	\$20 / \$60 after ded / 50% after ded	\$20 / \$50 after ded / \$100 after ded	\$10 / 50% after ded / 50% after ded	\$20 after ded/ \$50 after ded / \$100 after ded	Free after ded	30% after ded	Free after ded

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