



Workforce Solutions, Inc.



Plan renewal options effective 1/1/2021

	BRONZE PLAN	SILVER PLAN	GOLD PLAN
BENEFITS	UNITED HEALTHCARE BVDG (Choice Direct HSA)	UNITED HEALTHCARE BUZY (Choice Plus Direct HSA)	UNITED HEALTHCARE BU4Z (Choice Plus Direct)
	Network Single/Family	Network Single/Family	Network Single/Family
Office Visit Copay/Specialist - In-Net	90% after deductible	\$25/\$50 after deductible	\$30/\$60
Prescription Card	\$10/30/50 aft ded; 2.5 x for MO	\$10/30/50. after ded; 2.5x MO	\$10/30/50; 2.5x MOD
In-Network In-patient Hospital	Ded & Coin	Ded /100%	Ded & Coinsurance
In-Network Deductible	\$4000/\$8000	\$1500/\$3000	None
In-Network Coinsurance	90%/70%	100%/80%	100%/80%
In-Net Maximum Out of Pocket	\$6750/\$13500	\$6750/\$13,500	\$7900/\$15800
Emergency Room	90% after ded.	\$500 copay after ded.	\$300 copay
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Out-of Network Office Visits	N/A	70% after ded.	70% after ded.
Out-of-Network Deductible	N/A	\$3000/\$6000	\$3000/\$6000
Out-of-Network Coinsurance	N/A	70%	70%
Out-Net Maximum Out of Pocket	N/A	\$15,000/\$30,000	\$15,000/\$30,000
Out-of-Network Inpatient Hospital	N/A	70% after ded.	70% after ded.