

2023 Direct Individual and Family Plan Options

The same great coverage with value-added benefits

Questions about your health care options?

Visit prevea360.com/enroll2023 for help deciding which option is best for you.

Copay Plus Plans			
Plan Name	Gold Copay Plus 1550	Silver Copay Plus 4850	Bronze Copay Plus 9100
Deductible (Single / Family)	\$1,550 / \$3,100	\$4,850 / \$9,700	\$9,100 / \$18,200
Coinsurance	20%	30%	0%
Annual Max Out-of-Pocket (Single / Family)	\$5,700 / \$11,400	\$9,100 / \$18,200	\$9,100 / \$18,200
Primary Care Office Visit	\$30 copay	\$40 copay	
Specialist Office Visit	\$60 copay	\$80 copay	
Virtual Care	No charge		
Preventive Exam*	No charge		
Urgent Care	\$30 copay	\$40 copay	
Emergency Room	\$500 copay before policy deductible and coinsurance		
Outpatient Lab/X-ray	20% after deductible	30% after deductible	No charge after deductible
Hospital Stay			

Copay Plus Prescription Drug Benefits - Gold and Silver offer \$15 Generics, \$60 Preferred Brand, 50% Non-Preferred Brand, 50% Specialty. Bronze offers \$20 Generics and no charge after deductible on all other tiers.

Value Copay Plans			
Plan Name	Gold Value Copay 4050	Silver Value Copay 4150	Bronze Value Copay 9100
Deductible (Single / Family)	\$4,050 / \$8,100	\$4,150 / \$8,300	\$9,100 / \$18,200
Coinsurance	0%	30%	0%
Annual Max Out-of-Pocket (Single / Family)	\$4,050 / \$8,100	\$8,700 / \$17,400	\$9,100 / \$18,200
Primary Care Office Visit	\$25 copay for 3 visits then no charge after deductible	\$25 copay for 3 visits then 30% coinsurance after deductible	\$100 copay for 3 visits then no charge after deductible
Specialist Office Visit	No charge after deductible	30% after deductible	No charge after deductible
Virtual Care	No charge		
Preventive Exam*	No charge		
Urgent Care	No charge after deductible	30% after deductible	No charge after deductible
Emergency Room	\$500 copay before policy deductible and coinsurance		
Outpatient Lab/X-ray	No charge after deductible	30% after deductible	No charge after deductible
Hospital Stay			

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

Health Savings Account (HSA) Eligible Plans			
Plan Name	Gold HSA HDHP 2050	Silver HSA-E HDHP 3600	Bronze HSA-E HDHP 7050
Deductible** (Single / Family)	\$2,050 / \$4,100	\$3,600 / \$7,200	\$7,050 / \$14,100
Coinsurance	20%		0%
Annual Max Out-of-Pocket (Single / Family)	\$4,500 / \$9,000	\$7,050 / \$14,100	\$7,050 / \$14,100
Primary Care Office Visit			No charge after deductible
Specialist Office Visit	20% after deductible		
Virtual Care	No charge		
Preventive Exam*	No charge		
Urgent Care			No charge after deductible
Emergency Room	20% after deductible		
Outpatient Lab/X-ray			
Hospital Stay			

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.*

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.

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

Metal Tiers

You can use metal tiers to help determine which type of plan is right for you. Visit prevea360.com/metaltiers to view your options.

We are here to help

Visit prevea360.com for more plan information.

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