

	Platinum \$0	Gold \$0	Gold \$750	Gold \$1,500	Gold \$2,000	Gold \$5,000
Premium (Q1 Circle)						
Individual	\$810.66	\$723.18	\$679.91	\$681.24	\$658.44	\$684.04
Individual + Spouse	\$1,621.33	\$1,446.35	\$1,359.82	\$1,362.47	\$1,316.89	\$1,368.08
Individual + Child(ren)	\$1,378.13	\$1,229.40	\$1,155.85	\$1,158.10	\$1,119.35	\$1,162.87
Family	\$2,310.39	\$2,061.05	\$1,937.74	\$1,941.52	\$1,876.56	\$1,949.52
Premium (Q1 Circle Plus)						
Individual	\$902.05	\$807.08	\$758.52	\$760.47	\$735.34	\$763.45
Individual + Spouse	\$1,804.10	\$1,614.15	\$1,517.04	\$1,520.95	\$1,470.68	\$1,526.90
Individual + Child(ren)	\$1,533.48	\$1,372.03	\$1,289.49	\$1,292.81	\$1,250.07	\$1,297.86
Family	\$2,570.84	\$2,300.17	\$2,161.79	\$2,167.35	\$2,095.71	\$2,175.83
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$750 / \$1,500	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Out-of-Pocket Max (Individual / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$5,000 / \$10,000
RX Drug Deductible	N/A	N/A	\$100 / \$200	\$100 / \$200	\$150 / \$300	N/A
HSA compatible?	No	No	No	No	No	No
24/7 Doctor-on-Call	Free	Free	Free	Free	Free	Free
Up to \$240/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary Care / OBGYN visits	\$10	\$25	\$25	\$25	\$25	\$10
Specialist visits	\$25	\$50	\$50	\$50	\$50	\$30
Mental health office visits	\$25	\$25	\$25	\$25	\$25	\$10
Labs	\$15	\$50	\$50	\$50	\$50	\$30
Emergency Room	\$500	\$750	20% after ded	20% after ded	\$250	\$0 after ded
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75
MRIs & Advanced Imaging	\$100	\$150	20% after ded	20% after ded	20% after ded	\$0 after ded
Xrays & Diagnostic Imaging	\$50	\$50	\$50	\$50	\$50	\$10
Outpatient Facility / Inpatient Facility	\$100 / \$500	\$150 / \$500 (5 day max)	20% after ded	20% after ded	20% after ded	\$0 after ded
Prescription drugs (Tier 1 / 2 / 3)	\$10 / \$30 / \$75	\$10 / \$25 / \$100	\$15 / \$50 after ded / \$100 after ded	\$15 / \$50 after ded / \$100 after ded	\$10 / \$50 after ded / \$100 after ded	\$10 / \$50 / 0% 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 \$2,700	Silver \$3,500	Silver \$4,500	Silver \$7,900	Bronze \$4,000	Bronze \$7,900	Silver \$3,000 HSA	Bronze \$6,650 HSA
Premium (Q1 Circle)									
Individual	\$624.45	\$601.97	\$595.25	\$558.80	\$610.79	\$487.18	\$463.68	\$567.04	\$488.14
Individual + Spouse	\$1,248.89	\$1,203.94	\$1,190.50	\$1,117.59	\$1,221.57	\$974.35	\$927.36	\$1,134.08	\$976.27
Individual + Child(ren)	\$1,061.56	\$1,023.35	\$1,011.93	\$949.95	\$1,038.34	\$828.20	\$788.26	\$963.97	\$829.83
Family	\$1,779.67	\$1,715.62	\$1,696.46	\$1,592.57	\$1,740.74	\$1,388.45	\$1,321.49	\$1,616.06	\$1,391.19
Premium (Q1 Circle Plus)									
Individual	\$700.75	\$673.80	\$666.71	\$632.11	\$683.64	\$551.36	\$528.14	\$638.99	\$554.12
Individual + Spouse	\$1,401.50	\$1,347.60	\$1,333.43	\$1,264.22	\$1,367.28	\$1,102.73	\$1,056.29	\$1,277.99	\$1,108.24
Individual + Child(ren)	\$1,191.27	\$1,145.46	\$1,133.41	\$1,074.59	\$1,162.19	\$937.32	\$897.84	\$1,086.29	\$942.00
Family	\$1,997.13	\$1,920.33	\$1,900.13	\$1,801.52	\$1,948.38	\$1,571.39	\$1,505.21	\$1,821.13	\$1,579.24
The Basics									
Deductible (Individual / Family)	\$0 / \$0	\$2,700 / \$5,400	\$3,500 / \$7,000	\$4,500 / \$9,000	\$7,900 / \$15,800	\$4,000 / \$8,000	\$7,900 / \$15,800	\$3,000 / \$6,000	\$6,650 / \$13,300
Out-of-Pocket Max (Individual / Family)	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,000 / \$14,000	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$5,000 / \$10,000	\$6,650 / \$13,300
RX Drug Deductible	\$100 / \$200	N/A	\$200 / \$400	N/A	N/A	N/A	N/A	N/A	N/A
HSA compatible?	No	No	No	No	No	No	No	Yes	Yes
24/7 Doctor-on-Call	Free	Free	Free	Free	Free	Free	Free	\$15 ¹	\$15 ¹
Up to \$240/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits									
Primary Care / OBGYN visits	\$50	\$40	\$25	\$25	\$10	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Specialist visits	\$75	\$70	\$75	\$75	\$50	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Mental health office visits	\$50	\$40	\$25	\$25	\$10	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Labs	\$75	\$70	\$75	\$75	\$50	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Emergency Room	\$650	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75	\$75	20% after ded	\$0 after ded
MRIs & Advanced Imaging	\$500	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Xrays & Diagnostic Imaging	\$75	\$70	\$75	\$75	\$10	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Outpatient Facility / Inpatient Facility	\$500 / \$1,000	30% after ded	30% after ded	50% after ded	\$0 after ded	50% after ded	\$0 after ded	20% after ded	\$0 after ded
Prescription drugs (Tier 1 / 2 / 3)	\$20 / \$50 / 50% after ded	\$20 / \$50 / \$100	\$25 / \$50 after ded / \$100 after ded	\$10 / 50% after ded / 50% after ded	\$20 / \$75 / \$0 after ded	\$20 after ded/ \$50 after ded / \$100 after ded	\$0 after ded	20% after ded	\$0 after ded

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