

	Platinum \$0	Gold \$0	Gold \$750	Gold \$1,500	Gold \$2,000	Gold \$5,000
<b>Premium (Q4 Circle)</b>						
Individual	\$847.69	\$756.21	\$710.97	\$712.35	\$688.52	\$715.29
Individual + Spouse	\$1,695.39	\$1,512.42	\$1,421.93	\$1,424.71	\$1,377.04	\$1,430.57
Individual + Child(ren)	\$1,441.08	\$1,285.55	\$1,208.64	\$1,211.00	\$1,170.48	\$1,215.99
Family	\$2,415.93	\$2,155.20	\$2,026.26	\$2,030.21	\$1,962.28	\$2,038.57
<b>Premium (Q4 Circle Plus)</b>						
Individual	\$943.25	\$843.94	\$793.17	\$795.21	\$768.93	\$798.32
Individual + Spouse	\$1,886.50	\$1,687.89	\$1,586.34	\$1,590.42	\$1,537.85	\$1,596.64
Individual + Child(ren)	\$1,603.53	\$1,434.70	\$1,348.39	\$1,351.86	\$1,307.18	\$1,357.15
Family	\$2,688.27	\$2,405.24	\$2,260.54	\$2,266.35	\$2,191.44	\$2,275.21
<b>The Basics</b>						
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	✓	✓	✓	✓	✓	✓
<b>Prices for Benefits</b>						
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

<sup>1</sup> 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
<b>Premium (Q4 Circle)</b>									
Individual	\$652.97	\$629.47	\$622.44	\$584.32	\$638.69	\$509.43	\$484.86	\$592.94	\$510.43
Individual + Spouse	\$1,305.94	\$1,258.94	\$1,244.88	\$1,168.64	\$1,277.37	\$1,018.86	\$969.73	\$1,185.88	\$1,020.86
Individual + Child(ren)	\$1,110.05	\$1,070.10	\$1,058.15	\$993.35	\$1,085.77	\$866.03	\$824.27	\$1,008.00	\$867.73
Family	\$1,860.96	\$1,793.99	\$1,773.96	\$1,665.31	\$1,820.26	\$1,451.87	\$1,381.86	\$1,689.88	\$1,454.73
<b>Premium (Q4 Circle Plus)</b>									
Individual	\$732.76	\$704.58	\$697.17	\$660.99	\$714.87	\$576.55	\$552.27	\$668.18	\$579.43
Individual + Spouse	\$1,465.51	\$1,409.15	\$1,394.33	\$1,321.97	\$1,429.74	\$1,153.10	\$1,104.54	\$1,336.36	\$1,158.86
Individual + Child(ren)	\$1,245.69	\$1,197.78	\$1,185.18	\$1,123.68	\$1,215.28	\$980.13	\$938.85	\$1,135.91	\$985.03
Family	\$2,088.36	\$2,008.04	\$1,986.93	\$1,883.81	\$2,037.38	\$1,643.16	\$1,573.96	\$1,904.31	\$1,651.37
<b>The Basics</b>									
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 <sup>1</sup>	\$15 <sup>1</sup>
Up to \$240/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Prices for Benefits</b>									
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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