

	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1,000	Gold \$1,250	Gold \$2,000
Premium (Q1 Circle)						
Individual	\$979.00	\$1,009.75	\$867.71	\$826.73	\$785.75	\$788.24
Individual + Spouse	\$1,958.00	\$2,019.49	\$1,735.43	\$1,653.47	\$1,571.51	\$1,576.47
Individual + Child(ren)	\$1,664.30	\$1,716.57	\$1,475.11	\$1,405.45	\$1,335.78	\$1,340.00
Family	\$2,790.15	\$2,877.78	\$2,472.98	\$2,356.19	\$2,239.40	\$2,246.47
Premium (Q1 Circle Plus)						
Individual	\$1,094.61	\$1,122.43	\$979.88	\$934.84	\$895.15	\$897.88
Individual + Spouse	\$2,189.22	\$2,244.86	\$1,959.76	\$1,869.67	\$1,790.30	\$1,795.77
Individual + Child(ren)	\$1,860.84	\$1,908.13	\$1,665.79	\$1,589.22	\$1,521.76	\$1,526.40
Family	\$3,119.64	\$3,198.93	\$2,792.65	\$2,664.28	\$2,551.18	\$2,558.97
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	\$763.95	\$697.71	\$652.19	\$570.45	\$545.46	\$641.15	\$582.42
Individual + Spouse	\$1,527.90	\$1,395.42	\$1,304.38	\$1,140.89	\$1,090.91	\$1,282.30	\$1,164.83
Individual + Child(ren)	\$1,298.72	\$1,186.11	\$1,108.73	\$969.76	\$927.28	\$1,089.96	\$990.11
Family	\$2,177.26	\$1,988.47	\$1,858.75	\$1,625.77	\$1,554.55	\$1,827.28	\$1,659.89
Premium (Q1 Circle Plus)							
Individual	\$872.89	\$802.20	\$757.58	\$661.52	\$633.68	\$739.50	\$673.61
Individual + Spouse	\$1,745.79	\$1,604.41	\$1,515.16	\$1,323.03	\$1,267.36	\$1,478.99	\$1,347.22
Individual + Child(ren)	\$1,483.92	\$1,363.75	\$1,287.88	\$1,124.58	\$1,077.25	\$1,257.15	\$1,145.14
Family	\$2,487.75	\$2,286.28	\$2,159.10	\$1,885.32	\$1,805.99	\$2,107.57	\$1,919.79
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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