

FINANCIAL BENEFITS

# Details on how Level2 compares

	Level2 Enhanced benefits plan	BP001- Standard Plan	BP002 -Value Plan	BP003 - HDHP
<b>In-network deductible</b> (Medical and Pharmacy combined)	Individual: \$2,000 Family: \$4,000 <b>\$0</b> for many type 2 diabetes services	Individual: \$750 Family: \$1,500	Individual: \$4,000 Family: \$8,000	Individual: \$3,200 Family: \$6,400
<b>Medical in-network Out of Pocket (OOP) Max</b>	Individual: \$4,250 Family: \$8,500	Individual: \$3,000 Family: \$6,000	Individual: \$6,550 Family: \$13,000	Individual: \$3,200 Family: \$6,400
<b>Preventative services</b>	<b>\$0</b> visits/treatments + no deductible	\$0 visits/treatments + no deductible	\$0 visits/treatments + no deductible	\$0 visits/treatments + no deductible
<b>Virtual visits</b>	<b>\$0</b> via Healthiest You + no deductible	100% coverage + no deductible	100% coverage + no deductible	100% coverage after deductible
<b>PCP visits</b>	Designated Network: <b>\$0</b> for any visit + no deductible	\$25 copay + no deductible	\$25 copay + no deductible	\$0 after deductible
<b>Specialist visits</b>	Designated Network: \$50 copay + no deductible	\$50 copay + no deductible	\$50 copay + no deductible	\$0 after deductible
<b>Diagnostic tests</b> (like blood work and x-rays)	<b>\$0</b> for any in-network diagnostic test + no deductible	Office: \$0 + no deductible Outpatient: 20% coinsurance after deductible	Office: \$0 + no deductible Outpatient: 20% coinsurance after deductible	\$0 after deductible
<b>Retail Prescriptions</b>	<b>\$0</b> copay: All type 2 diabetes drugs Tier 1: \$6 copay Tier 2: \$40 copay Tier 3: 50% coinsurance + no deductible	Tier 1: \$9 copay after deductible Tier 2: \$24 copay after deductible Tier 3: \$48 coinsurance after deductible	Tier 1: \$9 copay after deductible Tier 2: \$24 copay after deductible Tier 3: \$48 coinsurance after deductible	All tiers: \$0 after deductible