

* Only available on the exchange for individuals under 30 years of age.

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Plan	CONNECT BRONZE	CONNECT BRONZE - EXPANDED	CONNECT BRONZE HSA	CONNECT CATASTROPHIC*	CONNECT GOLD	CONNECT GOLD BASE	CONNECT SILVER	CONNECT SILVER-BASE	CONNECT SILVER - OPTION 2	PLUS BRONZE	PLUS BRONZE HSA	PLUS GOLD	PLUS SILVER
Deductible Individual	\$7,500	\$8,400	\$7,000	\$8,700	\$1,000	\$3,100	\$7,000	\$8,000	\$5,700	\$8,700	\$7,050	\$750	\$8,000
Deductible Family	\$15,000	\$16,800	\$14,000	\$17,400	\$2,000	\$6,200	\$14,000	\$16,000	\$11,400	\$17,400	\$14,100	\$1,500	\$16,000
Out of Pocket Max Individual	\$8,500	\$8,550	\$7,000	\$8,700	\$6,000	\$8,500	\$8,550	\$8,700	\$8,150	\$8,700	\$7,050	\$7,000	\$8,550
Out of Pocket Max Family	\$16,300	\$17,100	\$14,000	\$17,400	\$12,000	\$17,000	\$17,100	\$17,400	\$16,300	\$17,400	\$14,100	\$14,000	\$17,100
Co-insurance	60%	50%	0%	0%	30%	20%	40%	45%	40%	0%	0%	30%	40%
Out of Network Deductible Individual	\$22,500	\$25,200	\$21,000	\$17,400	\$3,000	\$9,300	\$21,000	\$24,000	\$17,100	\$26,100	\$21,150	\$2,250	\$24,000
Out of Network Deductible Family	\$45,000	\$50,400	\$42,000	\$34,800	\$6,000	\$18,600	\$42,000	\$48,000	\$34,200	\$52,200	\$42,300	\$4,500	\$48,000
Out of Network Out of Pocket Max Individual	\$25,500	\$25,650	\$21,000	\$17,400	\$17,250	\$25,500	\$25,650	\$26,100	\$24,450	\$26,100	\$21,150	\$21,000	\$25,650
Out of Network Out of Pocket Max Family	\$48,900	\$51,300	\$42,000	\$34,800	\$34,500	\$51,000	\$51,300	\$52,200	\$48,900	\$52,200	\$42,300	\$42,000	\$51,300
Out of Network Coinsurance	70%	70%	0%	0%	50%	40%	60%	65%	60%	0%	0%	50%	60%
PCP Office Visit, Tier 1 Providers	\$65	\$60	0% AD	0% (3 visits before ded)	\$35	\$5	\$40	\$80	\$40	\$10	0% AD	\$5	\$10
PCP Office Visit, Tier 2 Providers	-	-	-	-	-	-	-	-	-	30%	0% AD	30%	40%
Mental Health Office Visit, Tier 1 Providers	60%	\$60	0% AD	0% (3 visits before ded)	\$35	20% AD	\$40	\$80	\$40	0%	0% AD	\$5	\$10
Mental Health Off. Visit, T2 Providers	-	-	-	-	-	-	-	-	-	0% AD	0% AD	30%	40%
Specialist	70% AD	\$80	0% AD	0% AD	\$50	20% AD	\$75	\$160	\$75 AD	0% AD	0% AD	\$50	\$80 AD
Emergency Room	70% AD	60% AD	0% AD	0% AD	40% AD	20% AD	50% AD	45% AD	50% AD	0% AD	0% AD	40% AD	50% AD
Urgent Care	70%	\$120	0% AD	0% AD	\$75	20%	\$110	\$240	\$110	0% AD	0% AD	\$75	\$120
Pharmacy Tier 1	10% AD	\$15 AD	0% AD	0% AD	10%	10%	20%	40%	25%	0% AD	0% AD	10%	20%
Pharmacy Tier 2	40% AD	\$125 AD	0% AD	0% AD	25%	20%	30%	50%	40%	0% AD	0% AD	25%	30%
Pharmacy Tier 3	50% AD	\$160 AD	0% AD	0% AD	35%	30%	40%	60%	50%	0% AD	0% AD	35%	40%
Pharmacy Tier 4	60% AD	\$185 AD	0% AD	0% AD	45%	40%	50%	70%	60%	0% AD	0% AD	45%	50%
\$0 Prescriptions Available (Preset List)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Preventive Pharmacy/Medical	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Center of Excellence	No Deductible	No Deductible	Deductible Applies	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	Deductible Applies	No Deductible	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Doctor on Demand	\$20	\$20	\$0 AD	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$0 AD	\$20	\$20
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Discover the CO-OP difference today by visiting us online at mountainhealth.coop!

SIGNATURE BENEFITS

We want you to get the most out of your insurance plan. That's why we've made these signature benefits available for members on an individual or group plan. Learn more at mountainhealth.coop/benefits today!



DENTAL EXAM REIMBURSEMENT

Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.



24/7 TELEHEALTH

Need to see a doctor at the drop of a hat? Use your telehealth benefit to call or video chat with a provider for in-network care for your physical and mental health.



HUNDREDS OF MEDICATIONS AT NO EXTRA COST

Our pharmacy is as transparent as it gets. We offer hundreds of prescriptions for members with no out-of-pocket cost.



VISION EXAM REIMBURSEMENT

Your eyes are a great indicator of other, underlying health conditions. Your plan comes with a standard \$60 vision exam reimbursement.



TRAVEL BENEFIT

Need to travel to a specialist? We'll help cover the cost for you to reach our preferred center so you get the care you need. **Preapproval required.*

Plan	ACCESS BRONZE	ACCESS BRONZE HSA	ACCESS GOLD	ACCESS SILVER	ACCESS SILVER HSA	CONNECT BRONZE	CONNECT BRONZE - EXPANDED	CONNECT BRONZE HSA	CONNECT GOLD	CONNECT SILVER	CONNECT SILVER HSA	PLUS BRONZE	PLUS BRONZE HSA	PLUS GOLD	PLUS SILVER	PLUS SILVER HSA
Deductible Individual	\$7,200	\$7,000	\$1,000	\$4,000	\$4,400	\$7,200	\$6,500	\$7,000	\$1,000	\$4,000	\$4,400	\$7,800	\$7,050	\$1,000	\$5,300	\$4,400
Deductible Family	\$14,400	\$14,000	\$2,000	\$8,000	\$8,800	\$14,400	\$13,000	\$14,000	\$2,000	\$8,000	\$8,800	\$15,600	\$14,100	\$2,000	\$10,600	\$8,800
Out of Pocket Max Individual	\$8,150	\$7,000	\$6,500	\$8,550	\$4,400	\$8,150	\$8,550	\$7,000	\$6,500	\$8,550	\$4,400	\$8,550	\$7,050	\$7,000	\$8,550	\$4,400
Out of Pocket Max Family	\$16,300	\$14,000	\$13,000	\$17,100	\$8,800	\$16,300	\$17,100	\$14,000	\$13,000	\$17,100	\$8,800	\$17,100	\$14,100	\$14,000	\$17,100	\$8,800
Co-insurance	60%	0%	30%	40%	0%	60%	50%	0%	30%	40%	0%	60%	0%	30%	40%	0%
Out of Network Deductible Individual	\$21,600	\$21,000	\$2,250	\$9,000	\$13,200	\$21,600	\$13,500	\$21,000	\$2,250	\$9,000	\$13,200	\$21,600	\$21,150	\$2,550	\$15,000	\$13,200
Out of Network Deductible Family	\$43,200	\$42,000	\$5,100	\$18,000	\$26,400	\$43,200	\$27,000	\$42,000	\$5,100	\$18,000	\$26,400	\$43,200	\$42,300	\$5,100	\$30,000	\$26,400
Out of Network Out of Pocket Max Individual	\$24,450	\$21,000	\$18,000	\$24,450	\$13,200	\$24,450	\$24,450	\$21,000	\$18,000	\$24,450	\$13,200	\$24,450	\$21,150	\$21,000	\$24,450	\$13,200
Out of Network Out of Pocket Max Family	\$48,900	\$42,000	\$36,000	\$48,900	\$26,400	\$48,900	\$48,900	\$42,000	\$36,000	\$48,900	\$26,400	\$48,900	\$42,300	\$42,000	\$48,900	\$26,400
Out of Network Coinsurance	70%	0%	50%	60%	0%	70%	70%	0%	50%	60%	0%	70%	0%	50%	60%	0%
PCP Office Visit, Tier 1 Providers	\$60	0% AD	\$30	\$35	0% AD	\$60	\$60	0% AD	\$30	\$35	0% AD	\$10	0% AD	\$5	\$10	0% AD
PCP Office Visit, Tier 2 Providers	-	-	-	-	-	-	-	-	-	-	-	60%	0% AD	30%	40%	0% AD
Mental Health Office Visit, T1 Providers	60%	0% AD	\$30	\$35	0% AD	60%	\$60	0% AD	\$30	\$35	0% AD	60%	0% AD	\$5	\$10	0% AD
Mental Health Office Visit, T2 Providers	-	-	-	-	-	-	-	-	-	-	-	60% AD	0% AD	30%	40%	0% AD
Specialist	70% AD	0% AD	\$50	\$75	0% AD	70% AD	\$75 AD	0% AD	\$50	\$75	0% AD	70% AD	0% AD	\$50	\$75	0% AD
Emergency Room	70% AD	0% AD	40% AD	50% AD	0% AD	70% AD	60% AD	0% AD	40% AD	50% AD	0% AD	70% AD	0% AD	40% AD	50% AD	0% AD
Urgent Care	70%	0% AD	\$75	\$110	0% AD	70%	\$110	0% AD	\$75	\$110	0% AD	70%	0% AD	\$75	\$110	0% AD
Pharmacy Tier 1	\$15 AD	0% AD	\$5	\$10	0% AD	\$15 AD	\$15 AD	0% AD	\$5	\$10	0% AD	\$15 AD	0% AD	\$5	\$10	0% AD
Pharmacy Tier 2	\$125 AD	0% AD	\$20	\$50	0% AD	\$125 AD	\$75 AD	0% AD	\$20	\$50	0% AD	\$125 AD	0% AD	\$20	\$50	0% AD
Pharmacy Tier 3	\$160 AD	0% AD	\$50	\$100	0% AD	\$160 AD	\$125 AD	0% AD	\$50	\$100	0% AD	\$160 AD	0% AD	\$50	\$100	0% AD
Pharmacy Tier 4	\$185 AD	0% AD	\$100	\$150	0% AD	\$185 AD	\$175 AD	0% AD	\$100	\$150	0% AD	\$185 AD	0% AD	\$100	\$150	0% AD
\$0 Prescriptions Available (Preset List)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Preventive Pharmacy/Medical	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Center of Excellence	No Deductible	Ded Applies	No Deductible	No Deductible	Ded Applies	No Deductible	No Deductible	Ded Applies	No Deductible	No Deductible	Ded Applies	No Deductible	Ded Applies	No Deductible	No Deductible	Ded Applies
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Doctor on Demand	\$20	\$0 AD	\$20	\$20	\$0 AD	\$20	\$20	\$0 AD	\$20	\$20	\$0 AD	\$20	\$0 AD	\$20	\$20	\$0 AD
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Discover the CO-OP difference today by visiting us online at mountainhealth.coop!

SIGNATURE BENEFITS

We want you to get the most out of your insurance plan. That's why we've made these signature benefits available for members on an individual or group plan. Learn more at mountainhealth.coop/benefits today!



DENTAL EXAM REIMBURSEMENT

Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.



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Need to see a doctor at the drop of a hat? Use your telehealth benefit to call or video chat with a provider for in-network care for your physical and mental health.



HUNDREDS OF MEDICATIONS AT NO EXTRA COST

Our pharmacy is as transparent as it gets. We offer hundreds of prescriptions for members with no out-of-pocket cost.



VISION EXAM REIMBURSEMENT

Your eyes are a great indicator of other, underlying health conditions. Your plan comes with a standard \$60 vision exam reimbursement.



TRAVEL BENEFIT

Need to travel to a specialist? We'll help cover the cost for you to reach our preferred center so you get the care you need. **Preapproval required.*