



Provision	HMO 102 Plus	HMO 104 Plus	Comprehensive	Active	Family	Independent
Preventive Care (Physical, Well-Child Visit)	\$20 (Well-Child Visit \$0)	\$25 (Well-Child Visit \$0)	\$50 (Well-Child Visit Deductible then 20%)	Free	Free	Free
Physician Visit	\$20	\$25	Deductible then 20%	\$15	\$25	\$25
Specialist Visit	\$20	\$40	Deductible then 20%	\$40	\$40	\$40
Hospital Stay	\$250	\$250	Deductible then 20%	\$500	\$500	\$500
Outpatient Surgery	\$75	\$75	Deductible then 20%	\$75	\$75	\$75
Emergency Room	\$100	\$100	Deductible then 20%	\$150	\$150	\$150
Ambulance	\$100	\$100	Deductible then 20%	\$100	\$100	\$100
Prescriptions	\$15/\$50/50% MANDATORY MAIL ORDER	\$15/\$50/50% MANDATORY MAIL ORDER	\$5/\$30/\$40 MANDATORY MAIL ORDER	\$10 GENERIC ONLY	\$10 GENERIC ONLY	\$10 GENERIC ONLY
Dependent Rider	19/25	19/25	19/19	19	23	26
Deductible	In-Network: None Out-of-Network: \$1,000 Single \$2,000 Family	In-Network: None Out-of-Network: \$1,000 Single \$2,000 Family	In-Network: \$250 Single \$500 Family Out-of-Network: \$250 Single \$500 Family	In-Network: None Out-of-Network: \$1,000 Single \$2,000 Family	In-Network: None Out-of-Network: \$1,000 Single \$2,000 Family	In-Network: None Out-of-Network: \$1,000 Single \$2,000 Family
Coinsurance	In-Network: None Out-of-Network: 30%	In-Network: None Out-of-Network: 30%	In-Network: 20% Out-of-Network: 20%	In-Network: None Out-of-Network: 30%	In-Network: None Out-of-Network: 30%	In-Network: None Out-of-Network: 30%
Out-of-Pocket Maximum	In-Network: None Out-of-Network: \$5,000 Single \$10,000 Family	In-Network: None Out-of-Network: \$5,000 Single \$10,000 Family	In-Network: \$500 Single \$1,000 Family Out-of-Network: \$500 Single \$1,000 Family	In-Network: None Out-of-Network: \$5,000 Single \$10,000 Family	In-Network: None Out-of-Network: \$5,000 Single \$10,000 Family	In-Network: None Out-of-Network: \$5,000 Single \$10,000 Family
Extra Benefit	3-month gym membership for \$25 copay		N/A	\$250 toward gym membership		
Premium (Monthly)	\$383.31 Single \$1,062.73 Family	\$355.08 Single \$984.43 Family	\$1,095.22 Single \$2,565.28 Family	\$422.96 Single \$1,057.41 Family		

Important Note: These plans are available for renewal only, not for open enrollment. Please review the [Bright Choices program](#) for available plans.