

Plan Summaries

Plan Benefits	1500 Classic	2500 Classic	3500 Classic
Individual Deductible	\$1,500 IN / \$3,000 OUT	\$2,500 IN / \$5,000 OUT	\$3,500 IN / \$7,000 OUT
Family Deductible	\$3,000 IN / \$6,000 OUT	\$5,000 IN / \$10,000 OUT	\$7,000 IN / \$14,000 OUT
Individual Max Out of Pocket	\$7,350 IN / \$14,700 OUT	\$7,350 IN / \$14,700 OUT	\$7,350 IN / \$14,700 OUT
Family Max Out of Pocket	\$14,700 IN / \$29,400 OUT	\$14,700 IN / \$29,400 OUT	\$14,700 IN / \$29,400 OUT
Preventive Care	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Chiropractic Care Copay	\$20 Copay	\$20 Copay	\$20 Copay
Primary Care Visit Copay	\$30 Copay	\$30 Copay	\$45 Copay
Specialist Care Visit Copay	\$60 Copay	\$60 Copay	\$90 Copay
Non Network Primary & Specialist	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible
Telemedicine	Coverage through Swift MD at \$0 Copay	Coverage through Swift MD at \$0 Copay	Coverage through Swift MD at \$0 Copay
Laboratory & Diagnostic Services			
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Imaging Services			
Facility			
(CT/PET/MRI/MRA/SPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Emergency Room - Professional			
Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Emergency Room - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Inpatient Hospital - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Outpatient - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
Urgent Care Copay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%
	\$60 Copay	\$60 Copay	\$90 Copay
Generic			
Preferred Brand	Retail: \$15 Copay	Retail: \$15 Copay	Retail: \$15 Copay
Non-Preferred Brand	Retail: \$45 Copay	Retail: \$45 Copay	Retail: \$65 Copay
Specialty	Retail: \$85 Copay	Retail: \$85 Copay	Retail: \$100 Copay
	50% Coinsurance	50% Coinsurance	50% Coinsurance

This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions.

All Benefits are subject to plan allowables and out of pocket maximums.

** Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%*

Plan Summaries

Plan Benefits	5000 Classic	7350 Value	5000 HSA
Individual Deductible	\$5,000 IN / \$10,000 OUT	\$7,350 IN / \$14,700 OUT	\$5,000 IN / \$10,000 OUT
Family Deductible	\$10,000 IN / \$20,000 OUT	\$14,700 IN / \$29,400 OUT	\$10,000 IN / \$20,000 OUT
Individual Max Out of Pocket	\$7,350 IN / \$14,700 OUT	\$7,350 IN / \$14,700 OUT	\$6,550 IN / \$13,100 OUT
Family Max Out of Pocket	\$14,700 IN / \$29,400 OUT	\$14,700 IN / \$29,400 OUT	\$13,100 IN / \$26,200 OUT
Preventive Care	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Chiropractic Care Copay	\$20 Copay	\$20 Copay	Plan pays 80% * (After Deductible)
Primary Care Visit Copay	\$45 Copay	\$50 Copay	Plan pays 80% * (After Deductible)
Specialist Care Visit Copay	\$90 Copay	\$100 Copay	Plan pays 80% * (After Deductible)
Non Network Primary & Specialist	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible
Telemedicine	Coverage through Swift MD at \$0 Copay	Coverage through Swift MD at \$0 Copay	Coverage through Swift MD at \$0 Copay
Laboratory & Diagnostic Services			
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80% * (After Deductible)
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80% * (After Deductible)
Radiology Services			
Facility			
(CT/PET/MRI/MRA/SPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80% * (After Deductible)
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80% * (After Deductible)
Emergency Room - Professional			
Fee	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
Emergency Room - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
Inpatient Hospital - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
Fees	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
Outpatient - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
Urgent Care Copay	Deductible then Plan pays 80%	Deductible then Plan pays 100%	Plan pays 80%* (After Deductible)
	\$90 Copay	\$100 Copay	Plan pays 80% * (After Deductible)
Generic			
Preferred Brand	Retail: \$15 Copay	Retail: \$15 Copay	Ded/Coin then \$15 Copay
Non-Preferred Brand	Retail: \$65 Copay	Retail: \$65 Copay	Ded/Coin then \$65 Copay
Specialty	Retail: \$100 Copay	Retail: \$100 Copay	Ded/Coin then \$100 Copay
	50% Coinsurance	50% Coinsurance	50% Coinsurance after Deductible

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All Benefits are subject to plan allowables and out of pocket maximums.

** Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%*

Plan Summaries

Plan Benefits	1000 Classic	3500 HSA
Individual Deductible	\$1,000 IN / \$2,000 OUT	\$3,500 IN / \$7,000 OUT
Family Deductible	\$2,000 IN / \$4,000 OUT	\$7,000 IN / \$14,000 OUT
Individual Max Out of Pocket	\$5,000 IN / \$10,000 OUT	\$6,550 IN / \$13,100 OUT
Family Max Out of Pocket	\$10,000 IN / \$20,000 OUT	\$13,100 IN / \$26,200 OUT
Preventive Care	100%, Deductible Waived	100%, Deductible Waived
Lifetime Maximum	No Maximum	No Maximum
Chiropractic Care Copay	\$20 Copay	Plan pays 80% * (After Deductible)
Primary Care Visit Copay	\$20 Copay	Plan pays 80% * (After Deductible)
Specialist Care Visit Copay	\$40 Copay	Plan pays 80% * (After Deductible)
Non Network Primary & Specialist	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible
Telemedicine	Coverage through Swift MD at \$0 Copay	Coverage through Swift MD at \$0 Copay
Laboratory & Diagnostic Services		
Facility	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Professional Fees	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Imaging Services		
Facility		
(CT/PET/MRI/MRA/SPECT)	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Professional Fees	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Emergency Room - Professional		
Fee	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Emergency Room - Facility	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Inpatient Hospital - Physician	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Fees	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Inpatient - Facility	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Outpatient - Physician	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
Urgent Care Copay	Deductible then Plan pays 80%	Plan pays 80% * (After Deductible)
	\$40 Copay	Plan pays 80% * (After Deductible)
Generic		
Preferred Brand	Retail: \$15 Copay	Ded/Coin then \$15 Copay
Non-Preferred Brand	Retail: \$45 Copay	Ded/Coin then \$65 Copay
Specialty	Retail: \$85 Copay	Ded/Coin then \$100 Copay
	50% Coinsurance	50% Coinsurance after Deductible

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All Benefits are subject to plan allowables and out of pocket maximums.

** Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%*



Benefits Trust Program through MetLife



- Fully Insured Plans
- Employers of any size are eligible to enroll
- Instant, paperless online quotes
- Automated enrollment
- Available in all 50 states
- Superior benefit plan options
- Multiple year rate guarantees
- Guaranteed issue coverages
- No waiting periods
- Groups of 1 and 1099 contractors are eligible
- Minimal participation requirements
- Simplified administration and premium billing



Group Dental



Group & Voluntary Short-
and Long-Term Disability



Hospital Indemnity



Group Vision



Accident



Identity & Theft
Protection



Group & Voluntary Life
and AD&D



Critical Illness



Legal Insurance



Set plan designs and rates



Life & Disability rates based on SIC
SIC 1 (white collar), SIC 2 (grey collar), SIC 3 (blue collar)



Dental rates based on zip code
Vision rates based on situs state



Accident, Critical Illness, Hospital Indemnity,
Legal and Aura are set rates

Rate Guarantees:

Through 12/31/2025 – Dental & Vision

Through 12/31/2026 – All Others

