

High Deductible Health Plans with Health Savings Accounts/Health Reimbursement Arrangements

Plan Name	Plan Code	Plan Code Option Type	Service Area(s)	Your Monthly Premium			The Plan's Annual Contribution to Your HSA			In-Network 1 Calendar Year Deductible			In-Network 2 Calendar Year Deductible			Out-of-Network Calendar Year Deductible			In-Network 1 - Catastrophic Limit			In-Network 2 - Catastrophic Limit			Out-of-Network - Catastrophic Limit			In-Network 1 - Doctor's Primary Care Visit You Pay	In-Network 2 - Doctor's Primary Care Visit You Pay	Out-of-Network - Doctor's Primary Care Visit You Pay	In-Network 1 - Preventive Services Before Deductible You Pay	In-Network 2 - Preventive Services Before Deductible You Pay	Out-of-Network - Preventive Services Before Deductible You Pay			
				Self	Family	Self + 1	Self	Family	Self + 1	Self	Family	Self + 1	Self	Family	Self + 1	Self	Family	Self + 1	Self	Family	Self + 1	Self	Family	Self + 1	Self	Family	Self + 1							Self	Family	Self + 1
Aetna HealthFund HDHP	22	HDHP	Iowa, Massachusetts, Michigan, Idaho, Wyoming, Pennsylvania, North Carolina, Alaska, Vermont, Nevada, Alabama, Mississippi, Arkansas, Minnesota, Washington, New York, California, Rhode Island, Virginia, Florida, Maine, Montana, Texas, Oklahoma, Delaware, New Hampshire, Colorado, Illinois, Hawaii, Georgia, Nebraska, North Dakota, New Mexico, Tennessee, Kentucky, South Carolina, South Dakota, West Virginia, Utah, Oregon, Louisiana, Arizona, District Of Columbia, Wisconsin, Connecticut, Kansas, Indiana, Maryland, New Jersey, Ohio, Missouri	217.96	423.58	483.84	800	1600	1600	1800	3600	3600	N/A	N/A	N/A	2600	5200	5200	6900	13800	13800	N/A	N/A	N/A	9000	18000	18000	15%	N/A	40% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	40% + Difference Between Plan Allowance and Billed Amount			
Altus Health Plan	9K	HDHP	Idaho, Wyoming, Utah	132.31	276.51	271.09	750	1500	1500	1400	2800	2800	N/A	N/A	N/A	N/A	N/A	N/A	6000	12000	12000	N/A	N/A	N/A	N/A	N/A	N/A	\$20	N/A	N/A	Member Pays Nothing	N/A	N/A			
AultCare Insurance Company	3A	HDHP	Ohio	109.4	350.31	207.99	1000	1740	2000	2000	4000	4000	N/A	N/A	N/A	4000	8000	8000	4000	8000	8000	N/A	N/A	N/A	8000	16000	16000	20%	N/A	40%	Member Pays Nothing	N/A	50%			
AvMed	WZ	HDHP	Florida	294.32	687.33	530.08	750	750	750	1500	3000	3000	N/A	N/A	N/A	N/A	N/A	N/A	4000	6750	6750	N/A	N/A	N/A	N/A	N/A	N/A	20%	N/A	N/A	Member Pays Nothing	N/A	N/A			
CareFirst BlueChoice	B6	HDHP	District Of Columbia, Virginia, Maryland	142.52	338.63	285.04	900	1800	1800	1400	2800	2800	NA	NA	NA	3000	6000	6000	4000	6500	6500	NA	NA	NA	6000	12000	12000	\$0	N/A	\$80	Member Pays Nothing	N/A	\$0			
GEHA HDHP	34	HDHP	Nationwide	128.46	325.09	276.2	900	1800	1800	1500	3000	3000	N/A	N/A	N/A	3000	6000	6000	5000	10000	10000	N/A	N/A	N/A	7000	14000	14000	5%	N/A	25% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	25% + Difference Between Plan Allowance and Billed Amount			
GHI Health Plan	81	HDHP	New York, New Jersey	169.09	369.68	362.52	800	1600	1600	1600	3200	3200	0	0	0	0	0	0	6750	13500	13500	0	0	0	0	0	0	10%	N/A	Member Pays All Charges	Member Pays Nothing	N/A	Member Pays All Charges			
Independent Health	QA	HDHP	New York	148.22	383.28	357.4	1000	2000	1654	2000	4000	4000	N/A	N/A	N/A	2000	4000	4000	6750	13500	13500	N/A	N/A	N/A	10000	20000	20000	\$20	N/A	40% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	40% + Difference Between Plan Allowance and Billed Amount			
Kaiser Permanente Washington Options Federal	L1	HDHP	Washington	161.39	358.28	358.28	750	1500	1500	1500	3000	3000	N/A	N/A	N/A	1500	3000	3000	5000	10000	10000	N/A	N/A	N/A	5000	10000	10000	20%	N/A	40% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	Member Pays All Charges			
MHBP Consumer Option	48	HDHP	Nationwide	143.32	333.02	317.16	1200	2400	2400	2000	4000	4000	N/A	N/A	N/A	2000	4000	4000	6000	12000	12000	N/A	N/A	N/A	7500	15000	15000	\$15	N/A	40% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	Member Pays All Charges			
Optima Health	PG	HDHP	Virginia	161.1	355.37	348.4	800	1600	1600	2000	4000	4000	N/A	N/A	N/A	N/A	N/A	N/A	6000	12000	12000	N/A	N/A	N/A	N/A	N/A	N/A	20%	N/A	N/A	Member Pays Nothing	N/A	N/A			
SelectHealth Plan	WX	HDHP	Utah	131.8	300.38	300.38	900	1800	1800	1500	3000	3000	0	0	0	0	0	0	5000	10000	10000	0	0	0	0	0	0	\$10	N/A	N/A	Member Pays Nothing	N/A	N/A			
TakeCare	KX	HDHP	Guam	31.06	84.83	76.53	329	965	877	3000	6000	6000	NA	NA	NA	3000	6000	6000	3000	6000	6000	NA	NA	NA	NA	NA	NA	20%	N/A	30% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	30% + Difference Between Plan Allowance and Billed Amount			
UnitedHealthcare Insurance Company, Inc. Choice HDHP	LS	HDHP	Florida, Mississippi, Louisiana, Tennessee, Arkansas, Alabama, North Carolina	113.68	261.48	244.43	750	1500	1500	1500	3000	3000	0	0	0	2500	5000	5000	4000	6850	6850	0	0	0	6850	10000	10000	\$15	N/A	30% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	Member Pays All Charges			
UnitedHealthcare Insurance Company, Inc. Choice HDHP	LU	HDHP	Oregon, Colorado, Washington, Arizona, Nevada	110.96	255.21	238.57	750	1500	1500	1500	3000	3000	0	0	0	2500	5000	5000	4000	6850	6850	0	0	0	6850	10000	10000	\$15	N/A	30% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	Member Pays All Charges			
UnitedHealthcare Insurance Company, Inc. Choice HDHP	N7	HDHP	Iowa, Kentucky	152.6	350.99	328.1	750	1500	1500	1500	3000	3000	0	0	0	2500	5000	5000	4000	6850	6850	0	0	0	6850	10000	10000	\$15	N/A	30% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	Member Pays All Charges			
UnitedHealthcare Insurance Company, Inc. Choice HDHP	V4	HDHP	Pennsylvania, Maryland, District Of Columbia, Virginia	121.64	279.78	261.53	750	1500	1500	1500	3000	3000	0	0	0	2500	5000	5000	4000	6850	6850	0	0	0	6850	10000	10000	\$15	N/A	30% + Difference Between Plan Allowance and Billed Amount	Member Pays Nothing	N/A	Member Pays All Charges			
UPMC Health Plan	YS	HDHP	Pennsylvania	264.96	607.03	629.46	900	1800	1800	2000	4000	4000	N/A	N/A	N/A	2000	4000	4000	6000	12000	12000	N/A	N/A	N/A	8000	16000	16000	15%	N/A	40%	Member Pays Nothing	N/A	40%			
UPMC Health Plan	8W	HDHP	Pennsylvania	152.66	351.25	337.91	900	1800	1800	2000	4000	4000	N/A	N/A	N/A	2000	4000	4000	6000	12000	12000	N/A	N/A	N/A	8000	16000	16000	15%	N/A	40%	Member Pays Nothing	N/A	40%			