

Flooring Solutions

Plan Option	VA-U	VAV
Carrier	United	United
Type of Plan	POS	POS
	15/ 25/ 20 %	20 / 20 / 0
Product	\$1000 Deduct	\$1000 Deduct

Routine/In-Network Benefits

Referrals Required	N	N
Primary Care Office Visit	\$15	\$20
Specialist Office Visit	\$25	\$20
Generic Drug Co-pay	\$10	\$10
Formulary Drug Co-pay	\$20	\$20
Non-Formulary Drug Co-pay	\$40	\$40
Non-Formulary "greater" coins	0%	0%
Drug Cost Share Max	\$0	\$0
Inpatient Co-Insurance	20%	0%
Outpatient Co-Insurance	20%	0%
Inpatient Co-pay per Admission	\$0	\$0
Inpatient Co-pay per Day	\$0	\$0
Per-Admission Co-pay Max	\$0	\$0
Outpatient Co-pay/Encounter	\$0	\$0
Emergency Department Co-pay	\$75	\$100
Emergency Department Co-insurance	0%	0%
Urgent Care Co-pay	\$35	\$50

In-Network Deductibles

Facility/Ancillary - Individual	\$1,000	\$1,000
Facility/Ancillary - Family	\$2,000	\$2,000

In-Network Out-of-Pocket Max

Individual OOP Max (in)	\$2,000	\$1,000
Family OOP Max (in)	\$4,000	\$2,000

Out-of-Network Benefits

Out-of-network Benefit	60%	70%
Deductible - Individual (out)	\$2,000	\$2,000
Deductible - Family (out)	\$4,000	\$4,000
Individual OOP Max (out)	\$3,000	\$5,000
Family OOP Max (out)	\$6,000	\$10,000