

PPO Elevate 2				
Plan Features	In-Network		Out-of-Network	
Aggregate Deductible	\$3,000/Individual	\$6,000/Family	\$6,000/Individual	\$12,000/Family
Aggregate Maximum Out-of-Pocket Expense	\$7,900/Individual	\$15,800/Family*	Unlimited	
Coinsurance (plan pays after deductible)	70%		35%	
*Individual maximum of \$9,200 is embedded for covered individuals with Dependent coverage.				
Preventative Services Benefits		In-Network	Out-of-Network	
HCR Preventative Services		100%	0%	
Adults (19+): Urinalysis, CBC, cholesterol, EKG, hemoglobin, vitamin D levels		100%	35%	
Children (0-18): Urinalysis, CBC, hemoglobin		100%	35%	
Enhancement Package		In-Network	Out-of-Network	
Office Visit Co-pay for General/Family/Internal/Pediatrics/OBGYN/Psychiatry/Psychologist		\$30	35%	
Office Visit Co-pay for Specialist (excludes any other procedures performed at the visit.)		\$60	35%	
Urgent Care		\$60	35%	
Prescription Drug		In-Network	Out-of-Network	
Generic / Preferred / Non-Preferred		\$12/\$80/\$200 (30-day) \$30/\$200/\$500 (90-day mail) \$36/\$240/\$600 (90-day retail)	0%	
Specialty EHB Drug		\$300	0%	
Specialty Non-EHB Drug		100% coverage is available through SaveOnSP Program Participation.		
Total Trust Perks				
Life Insurance		\$15,000 on primary insured (SunLife)		
Accident Insurance		Standard plan on primary insured with \$25 wellness benefit (SunLife)		
Critical Illness		\$5,000 on primary insured with \$25 wellness benefit (SunLife)		
Virtual Urgent Care		\$15 fee (MUSC)		
Employee Assistance Programs (EAP)		Wellthy end-of-life planning support.		
Health Management Programs		Prevention and Wellness, Chronic Condition Care, Maternity Wellness, Case Management		