

Total Health Plan Solutions

PLAN NAME	1000 Plan Anthem	3000 Plan Anthem	6000 Plan Anthem	7350 Plan Anthem	8000 HSA Plan Anthem				
Network	Anthem 🚭 🕅	Anthem 🚭 🕅	Anthem 🚭 🕅	Anthem 🚭 🕅	Anthem 🚭 🕅				
Provider Search	www.anthem.com	www.anthem.com	www.anthem.com	www.anthem.com	www.anthem.com				
Plan Availability	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO,	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO,	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO,	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO,	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO				
Fian Availability	NV, NH, NY, OH, VA, WI	NV, NH, NY, OH, VA, WI	NV, NH, NY, OH, VA, WI	NV, NH, NY, OH, VA, WI	NV, NH, NY, OH, VA, WI				
			Sample Cost:	1000.00	t=22.20				
Member	\$1,244.00	\$940.00	\$829.00	\$800.00	\$763.00				
Member & Spouse	\$2,228.00	\$1,665.00	\$1,460.00	\$1,407.00	\$1,338.00				
Member & Child(ren)	\$1,985.00	\$1,485.00 \$1,304.00		\$1,257.00	\$1,196.00				
Family	\$2,922.00	\$2,176.00	\$1,905.00	\$1,835.00	\$1,744.00				
	I · · · ·	· · ·	BENEFITS		· · · ·				
Individual Deductible	\$1,000 ln / \$2,000 Out	\$3,000 In / \$6,000 Out	\$6,000 ln / \$12,000 Out	\$7,350 In / \$14,700 Out	\$8,000 ln / \$16,000 Out				
Family Deductible	\$2,000 In / \$4,000 Out	\$6,000 In / \$12,000 Out	\$12,000 In / \$24,000 Out	\$14,700 In / \$29,400 Out	\$16,000 In / \$32,000 Out				
Individual MOOP	\$9,450 ln / \$18,900 Out	\$9,450 ln / \$18,900 Out	\$9,450 ln / \$18,900 Out	\$9,450 ln / \$18,900 Out	\$8,000 ln / \$18,900 Out				
Family MOOP	\$18,900 In / \$37,900 Out	\$18,900 In / \$37,900 Out	\$18,900 In / \$37,900 Out	\$18,900 In / \$37,900 Out	\$16,000 In / \$37,900 Out				
Coinsurance (Plan/You)	70% / 30%	70% / 30%	70% / 30%	70% / 30%	100% / 0%				
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum				
	1		FFICE VISITS	1	1				
Preventative Care	100%	100%	100%	100%	100%				
Primary Care Copay	\$30 Copay	\$30 Copay	\$30 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Specialist Care Copay	\$60 Copay \$60 Copay		\$60 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
		<u></u>	IAGNOSTICS						
Laboratory Services	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	Deductible then Plan pays 100%				
Diagnostic Services	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	Deductible then Plan pays 100%				
		RADIO	DLOGY SERVICES						
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
		FACILITY 8	PROFESSIONAL FEES						
Urgent Care	\$60 Copay	\$60 Copay	\$60 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Emergency Room	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Inpatient Stay	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Outpatient Stay	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Facility Fee	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Professional Fee	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Physician Fee	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
PRESCRIPTION DRUG BENEFITS									
Generic	\$15 Copay \$15 Copay		\$15 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Preferred Brand	\$65 Copay	\$65 Copay	\$65 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
Non-Preferred Brand	\$100 Copay	\$100 Copay	\$100 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%				
SUMMARY OF BENEFITS and COVERAGE									
SBC	SHP Anthem BCBS 1000	SHP Anthem BCBS 3000	SHP Anthem BCBS 6000	SHP Anthem BCBS 7350	SHP Anthem BCBS 8000 HSA				
NOTES:	*See SBC for LIMITATIONS, EXCEPTIONS a *SBCs and online rates supersede this sur *12-month rate lock / All benefits on a cal *Deductible and MOOP reset every Janua	nmary endar year basis		*One-time Processing fee of \$125 *This is a snapshot of benefits *This is for illustration purposes only *Rates good through 12/31/2025	Provider Search How To				





			Total Health Dian Soluti	- n-				
PLAN NAME	1500 Classic	2500 Classic	Total Health Plan Soluti 3500 Classic	5000 Classic	5000 HSA	7350 Value		
Network	cigna	čigna	čigna	cigna	cigna	cigna		
Provider Search*	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com		
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States		
Sample Cost:								
Member	\$1,202.00	\$1,109.00	\$974.00	\$896.00	\$818.00	\$751.00		
Member & Spouse	\$2,376.00	\$2,189.00	\$1,921.00	\$1,763.00	\$1,608.00	\$1,474.00		
Member & Child(ren)	\$2,141.00	\$1,973.00	\$1,732.00	\$1,590.00	\$1,450.00	\$1,329.00		
Family \$3,550.00 \$3,270.00 \$2,868.00 \$2,631.00 \$2,398.00 \$2,197.00								
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 ln / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 ln / \$14,700 Out		
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 ln / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 ln / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 in / \$29,400 out		
Individual MOOP	\$7,350 In / \$14,700 Out	\$7,350 ln / \$14,700 Out	\$7,350 ln / \$14,700 Out	\$7,350 ln / \$14,700 Out	\$6,550 ln / \$20,000 Out	\$7,350 In / \$14,700 Out		
Family MOOP	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$13,100 In / \$40,000 Out	\$14,700 In / \$29,400 Out		
Coinsurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%		
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum		
			OFFICE VISITS	1				
Preventative Care	100%	100%	100%	100%	100%	100%		
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay		
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay		
		[DIAGNOSTICS	[[
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100		
Diagnostic Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100		
CT/V DAV/AADI/Ultura and	Deductible then Dien neur 200/	Deductible these Blas save 800/	RADIOLOGY SERVICES	Deductible there Disc name 90%	Deductible there Disc roug 80%	Deductible then Disa new 100		
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80% FACILITY & PROFESSIONAL FE	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100		
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay		
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100		
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 10		
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 10		
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 10		
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 10		
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 10		
PRESCRIPTION DRUG BENEFITS								
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Deductible then Plan pays 10		
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Deductible then Plan pays 10		
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Deductible then Plan pays 100		
			SUMMARY OF BENEFITS and COVE					
SBC	SHP Cigna 1500 Classic	SHP Cigna 2500 Classic	SHP Cigna 3500 Classic	SHP Cigna 5000 Classic	SHP Cigna 5000 HSA	SHP Cigna 7350 Classic		
NOTES:	*See SBC for LIMITATIONS, EXCEPTIOI *SBCs and online rates supersede this *12-month rate lock / All benefits on a *Deductible and MOOP reset every Ja	a calendar year basis	IUN	*One-time Processing fee of \$125 *This is a snapshot of benefits *This is for illustration purposes only *Rates good through 05/31/2026		Provider Search How To		





	Total Health Plan Solutions								
PLAN NAME	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value			
	PHCS	N PHCS	A PHCS	N IPHCS	N PHCS	N PHCS			
Network	MultiPlan	MultiPlan	MultiPlan	MultiPlan	MultiPlan	Multi Plan			
Provider Search*	www.multiplan.us	www.multiplan.us	www.multiplan.us	www.multiplan.us	www.multiplan.us	www.multiplan.us			
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States			
	Pran Availability Air 50 states Air 50 state								
Member	\$1,006.00	\$928.00	\$817.00	\$751.00	\$686.00	\$606.00			
Member & Spouse	\$1,985.00	\$1,829.00	\$1,606.00	\$1,474.00	\$1,345.00	\$1,184.00			
Member & Child(ren)	\$1,789.00	\$1,649.00	\$1,448.00	\$1,329.00	\$1,213.00	\$1,069.00			
Family	\$2,963.00	\$2,730.00	\$2,395.00	\$2,197.00	\$2,003.00	\$1,763.00			
, i	, ,,	, ,	BENEFITS						
Individual Deductible	\$1,500	\$2,500	\$3,500	\$5,000	\$5,000	\$7,350			
Family Deductible	\$3,000	\$5,000	\$7,000	\$10,000	\$10,000	\$14,700			
Individual MOOP	\$7,350	\$7,350	\$7,350	\$7,350	\$6,550	\$7,350			
Family MOOP	\$14,700	\$14,700	\$14,700	\$14,700	\$13,100	\$14,700			
Coinsurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%			
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum			
			OFFICE VISITS						
Preventative Care	100%	100%	100%	100%	100%	100%			
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay			
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay			
· · · · · ·			DIAGNOSTICS	· · · · ·					
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
Diagnostic Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
			RADIOLOGY SERVICES						
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
			FACILITY & PROFESSIONAL FE	<u>ES</u>		-			
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay			
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%			
PRESCRIPTION DRUG BENEFITS									
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Subject to Deductible			
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Subject to Deductible			
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Subject to Deductible			
			SUMMARY OF BENEFITS and COVE			1			
SBC	SHP PHCS 1500 Classic	SHP PHCS 2500 Classic	SHP PHCS 3500 Classic	SHP PHCS 5000 Classic	SHP PHCS 5000 HSA	SHP PHCS 7350 Classic			
	,	IS and OTHER IMPORTANT INFORMAT	ION	*One-time Processing fee of \$125					
NOTES:	*SBCs and online rates supersede this summary			*This is a snapshot of benefits Provider Searc					
	*12-month rate lock / All benefits on a	•		*This is for illustration purposes only					
	*Deductible and MOOP reset every Ja	nuary 1st		*Rates good through 05/31/2026					



	SMART HEALTH								
	Total Health Plan Solutions								
PLAN NAME	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value			
	QUALCARE	QUALCARE	QUALCARE	QUALCARE	QUALCARE	QUALCARE			
Network	.≱i PHCS ⊯MultiPlan	.≥i PHCS ∰MultiPlan	MultiPlan	.≥i PHCS ji MultiPlan	.≥i PHCS ∰MultiPlan	.≥i PHCS ∰MultiPlan			
Doctor Search	gualcareinc.com/FindDoctor	gualcareinc.com/FindDoctor	gualcareinc.com/FindDoctor	gualcareinc.com/FindDoctor	gualcareinc.com/FindDoctor	gualcareinc.com/FindDoctor			
Hospital Search	qualcareinc.com/FindHospital	gualcareinc.com/FindHospital	gualcareinc.com/FindHospital	gualcareinc.com/FindHospital	qualcareinc.com/FindHospital	gualcareinc.com/FindHospital			
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States			
· · · · ·			Sample Rates:	ł	L	ł			
Member	\$1,006.00	\$928.00	\$817.00	\$751.00	\$686.00	\$606.00			
Member & Spouse	\$1,985.00	\$1,829.00	\$1,606.00	\$1,474.00	\$1,345.00	\$1,184.00			
Member & Child(ren)	\$1,789.00	\$1,649.00	\$1,448.00	\$1,329.00	\$1,213.00	\$1,069.00			
Family	\$2,963.00	\$2,730.00	\$2,395.00	\$2,197.00	\$2.003.00	\$1,763.00			
	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BENEFITS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 ln / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 ln / \$14,700 Out			
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 ln / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 in / \$29,400 out			
Individual MOOP	\$7,350 In / \$14,700 Out	\$7,350 ln / \$14,700 Out	\$7,350 ln / \$14,700 Out	\$7,350 In / \$14,700 Out	\$6,550 ln / \$13,100 Out	\$7,350 ln / \$14,700 Out			
Family MOOP	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 ln / \$29,400 Out	\$14,700 ln / \$29,400 Out	\$13,100 In / \$26,200 Out	\$14,700 ln / \$29,400 Out			
Coinsurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%			
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum			
			OFFICE VISITS						
Preventative Care	100%	100%	100%	100%	100%	100%			
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay			
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay			
			DIAGNOSTICS	•	• • • • •	•			
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
Diagnostic Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
			RADIOLOGY SERVICES						
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
			FACILITY & PROFESSIONAL FE	<u>ES</u>					
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay			
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%			
	Ć4E C	tar c	PRESCRIPTION DRUG BENEFI		Deductible data o				
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Subject to Deductible			
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Subject to Deductible			
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Subject to Deductible			
SUMMARY OF BENEFITS and COVERAGE									
SBC	SHP QualCare 1500 Classic	SHP QualCare 2500 Classic	SHP QualCare 3500 Classic	SHP QualCare 5000 Classic	SHP QualCare 5000 HSA	SHP QualCare 7350 Value			
*New Jersey Residents ONLY. The QualCare network uses its network for all services in NJ, and all other states will use PHCS/Multiplan *See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION *One-time Processing fee of \$125									
NOTES	,			*This is a snapshot of benefits					
NOTES: *SBCs and online rates supersede this summary *12-month rate lock / All benefits on a calendar year basis				*This is for illustration purposes only		Provider Search How To			
	*Deductibles and MOOP reset every J			*Rates good through 05/31/2026					
	beauctibles and WOOF reset every J	undury 15t		nates 2000 through 03/31/2020					

