



	Platinum \$0 Option 1	Platinum \$0 Option 2	Gold \$0	Gold \$1,000	Gold \$1,250	Gold \$2,000
Premium (Q1 Circle)						
Individual	\$991.44	\$1,022.58	\$878.74	\$837.24	\$795.74	\$798.25
Individual + Spouse	\$1,982.88	\$2,045.15	\$1,757.48	\$1,674.48	\$1,591.48	\$1,596.50
Individual + Child(ren)	\$1,685.45	\$1,738.38	\$1,493.86	\$1,423.31	\$1,352.75	\$1,357.03
Family	\$2,825.60	\$2,914.34	\$2,504.40	\$2,386.13	\$2,267.85	\$2,275.01
Premium (Q1 Circle Plus)						
Individual	\$1,108.52	\$1,136.69	\$992.33	\$946.71	\$906.53	\$909.29
Individual + Spouse	\$2,217.04	\$2,273.39	\$1,984.66	\$1,893.43	\$1,813.05	\$1,818.59
Individual + Child(ren)	\$1,884.48	\$1,932.38	\$1,686.96	\$1,609.41	\$1,541.09	\$1,545.80
Family	\$3,159.28	\$3,239.58	\$2,828.14	\$2,698.14	\$2,583.60	\$2,591.49
The Basics						
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$1,000 / \$2,000	\$1,250 / \$2,500	\$2,000 / \$4,000
Out-of-Pocket Max (Individual / Family)	\$2,400 / \$4,800	\$2,000 / \$4,000	\$8,150 / \$16,300	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,000 / \$10,000
RX Drug Deductible	N/A	N/A	\$100 / \$200	\$100 / \$200	\$100 / \$200	\$150 / \$300
HSA compatible?	No	No	No	No	No	No
24/7 Doctor on Call	Free	Free	Free	Free	Free	Free
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓
Prices for Benefits						
Primary Care / OBGYN visits	\$10	\$5	\$20	\$25	\$40	\$25
Specialist visits	\$25	\$20	\$40	\$50	\$70	\$50
Mental health office visits	\$10	\$5	\$20	\$25	\$40	\$25
Labs	\$15	\$20	\$40	\$50	\$70	\$50
Emergency Room	\$500	\$250	\$650	10% after ded	20% after ded	\$250
Urgent Care	\$75	\$25	\$75	\$75	\$90	\$75
MRIs & Advanced Imaging	\$100	\$50	\$140	\$200	\$200	\$200
Xrays & Diagnostic Imaging	\$50	\$20	\$40	\$100	\$100	\$100
Outpatient Facility / Inpatient Facility	\$100 / \$500	\$100 / \$500	\$250 / \$500 (5 day max)	\$500 after ded / 10% after ded	\$500 after ded / 20% after ded	\$500 after ded / 20% after ded
Prescription drugs (Tier 1 / 2 / 3)	\$10 / \$30 / \$75	\$3 / \$10 / \$50	\$10 / \$35 after ded / \$100 after ded	\$15 / \$50 after ded / \$100 after ded	\$10 / \$50 after ded / \$100 after ded	\$10 / \$50 after ded / \$100 after ded

¹ This is a contracted rate and is subject to change. Once the deductible is met, Doctor on Call services will be covered in full



	Silver \$0	Silver \$3,000 Option 1	Silver \$4,500	Bronze \$4,500	Bronze \$8,150	Silver \$3,000 HSA Option 2	Bronze \$6,750 HSA
Premium (Q1 Circle)							
Individual	\$773.66	\$706.57	\$660.48	\$577.69	\$552.39	\$649.30	\$589.82
Individual + Spouse	\$1,547.31	\$1,413.15	\$1,320.96	\$1,155.39	\$1,104.77	\$1,298.60	\$1,179.63
Individual + Child(ren)	\$1,315.22	\$1,201.18	\$1,122.81	\$982.08	\$939.06	\$1,103.81	\$1,002.69
Family	\$2,204.92	\$2,013.74	\$1,882.36	\$1,646.43	\$1,574.30	\$1,850.50	\$1,680.98
Premium (Q1 Circle Plus)							
Individual	\$883.98	\$812.40	\$767.20	\$669.92	\$641.73	\$748.89	\$682.17
Individual + Spouse	\$1,767.97	\$1,624.79	\$1,534.41	\$1,339.84	\$1,283.46	\$1,497.79	\$1,364.34
Individual + Child(ren)	\$1,502.77	\$1,381.07	\$1,304.25	\$1,138.87	\$1,090.94	\$1,273.12	\$1,159.69
Family	\$2,519.36	\$2,315.33	\$2,186.53	\$1,909.28	\$1,828.93	\$2,134.35	\$1,944.18
The Basics							
Deductible (Individual / Family)	\$0 / \$0	\$3,000 / \$6,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$8,150 / \$16,300	\$3,000 / \$6,000	\$6,750 / \$13,500
Out-of-Pocket Max (Individual / Family)	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,750 / \$13,500	\$6,750 / \$13,500
RX Drug Deductible	\$100 / \$200	\$100 / \$200	N/A	N/A	N/A	N/A	N/A
HSA compatible?	No	No	No	No	No	Yes	Yes
24/7 Doctor on Call	Free	Free	Free	Free	Free	\$15 ¹	\$15 ¹
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓
Free preventive care	✓	✓	✓	✓	✓	✓	✓
Dedicated Concierge	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits							
Primary Care / OBGYN visits	\$50	\$40	\$40	50% after ded	Free after ded	30% after ded	Free after ded
Specialist visits	\$80	\$75	\$75	50% after ded	Free after ded	30% after ded	Free after ded
Mental health office visits	\$50	\$40	\$40	50% after ded	Free after ded	30% after ded	Free after ded
Labs	\$80	\$75	\$75	50% after ded	Free after ded	30% after ded	Free after ded
Emergency Room	\$750	30% after ded	50% after ded	50% after ded	Free after ded	30% after ded	Free after ded
Urgent Care	\$90	\$85	\$90	\$75	Free after ded	30% after ded	Free after ded
MRIs & Advanced Imaging	\$180	\$200	\$200	50% after ded	Free after ded	30% after ded	Free after ded
Xrays & Diagnostic Imaging	\$80	\$100	\$100	50% after ded	Free after ded	30% after ded	Free after ded
Outpatient Facility / Inpatient Facility	\$500 / \$1,500	\$500 after ded / 30% after ded	\$500 after ded / 50% after ded	50% after ded	Free after ded	30% after ded	Free after ded
Prescription drugs (Tier 1 / 2 / 3)	\$20 / \$60 after ded / 50% after ded	\$20 / \$50 after ded / \$100 after ded	\$10 / 50% after ded / 50% after ded	\$20 after ded/ \$50 after ded / \$100 after ded	Free after ded	30% after ded	Free after ded

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