



2024 Small Group Qualified Health Plans Summary

						Prescriptions			
		Deductible Individual/Family	Coinsurance	Out-of-pocket Limit Individual/Family	Telehealth PCP Specialist	Emergency Room Urgent Care	Preferred Generic/Nonpreferred Generic	Preferred Brand/Nonpreferred Brand	Preferred Specialty/Nonpreferred Specialty
PLATINUM	HMO Platinum A0 HMO Platinum A0 HFC HMO Platinum A0 GC EPO Platinum A0 PPO Platinum A0	\$0/\$0	0%	\$2,000/\$4,000	Telehealth: \$0 PCP: \$20 Spec: \$40	ER: \$200 UC: \$65	\$5/\$20	\$30/\$60	20% to \$200/script 50% to \$500/script
	HMO Platinum A025 HMO Platinum A025 HFC HMO Platinum A025 GC EPO Platinum A025 PPO Platinum A025	\$250/\$500	0%	\$2,000/\$4,000	Telehealth: \$0 PCP: \$20 Spec: \$40	ER: \$200 UC: \$65	\$5/\$15	\$30/\$60	20% to \$200/script 50% to \$500/script
	HMO Platinum A050 HMO Platinum A050 HFC EPO Platinum A050 PPO Platinum A050	\$500/\$1,000	0%	\$2,000/\$4,000	Telehealth: \$0 PCP: \$20 Spec: \$40	ER: \$200 UC: \$65	\$5/\$15	\$30/\$60	20% to \$200/script 50% to \$500/script
GOLD	HMO Gold B1 HMO Gold B1 HFC HMO Gold B1 GC EPO Gold B1 PPO Gold B1	\$1,000/\$2,000	20%	\$6,500/\$13,000	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO Gold B12 HMO Gold B12 HFC EPO Gold B12 PPO Gold B12	\$1,200/\$2,400	0%	\$7,000/\$14,000	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$30	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO Gold HSA B16 EPO Gold HSA B16 PPO Gold HSA B16	\$1,600/\$3,200	30%	\$4,000/\$8,000	Telehealth: Covered after deductible PCP/ Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	\$5/\$15 after deductible	\$40/\$80 after deductible	20% to \$200/script after deductible 50% to \$500/script after deductible
	HMO Gold B15 HMO Gold B15 HFC EPO Gold B15 PPO Gold B15	\$1,500/\$3,000	20% (Coinsurance max: \$3,500 individual/\$7,000 family)	\$7,350/\$14,700	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO Gold HSA C2 EPO Gold HSA C2 PPO Gold HSA C2	\$2,000/\$4,000	0%	\$4,000/\$8,000	Telehealth: Covered after deductible PCP/ Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	\$5/\$30 after deductible	\$40/\$80 after deductible	20% to \$200/script after deductible 50% to \$500/script after deductible
	HMO Gold C2 EPO Gold C2 PPO Gold C2	\$2,000/\$4,000	20% (Coinsurance max: \$4,000 individual/\$8,000 family)	\$7,350/\$14,700	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO Gold C25 HMO Gold C25 HFC EPO Gold C25 PPO Gold C25	\$2,500/\$5,000	0%	\$7,350/\$14,700	Telehealth: \$0 PCP: \$35 Spec: \$60	ER: \$300 UC: \$65	\$5/\$25	\$40/\$80	20% to \$200/script 50% to \$500/script
	HMO Gold HSA C27 HMO Gold HSA C27 HFC HMO Gold HSA C27 GC EPO Gold HSA C27 PPO Gold HSA C27	\$2,700/\$5,400	30%	\$4,000/\$8,000	Telehealth: Covered after deductible PCP/ Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
SILVER	HMO Silver HSA D3 HMO Silver HSA D3 HFC HMO Silver HSA D3 GC EPO Silver HSA D3 PPO Silver HSA D3	\$3,000/\$6,000	30%	\$7,200/\$14,400	Telehealth: Covered after deductible PCP/ Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
	HMO Silver D35 HMO Silver D35 HFC HMO Silver D35 GC EPO Silver D35 PPO Silver D35	\$3,500/\$7,000	30%	\$8,700/\$17,400	Telehealth: \$0 PCP: \$50 Spec: \$70	ER: \$300 copay after deductible UC: \$65	\$8/\$30	\$75/\$100	20% to \$200/script 50% to \$500/script
	HMO Silver E4 HMO Silver E4 HFC HMO Silver E4 GC EPO Silver E4 PPO Silver E4	\$4,000/\$8,000	30%	\$8,700/\$17,400	Telehealth: \$0 PCP: \$50 Spec: \$70	ER: \$300 copay after deductible UC: \$65	\$8/\$30	\$75/\$100	20% to \$200/script 50% to \$500/script
	HMO Silver HSA D35 EPO Silver HSA D35 PPO Silver HSA D35	\$3,500/\$7,000	30%	\$7,200/\$14,400	Telehealth: Covered after deductible PCP/Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
	HMO Silver E45 HMO Silver E45 HFC HMO Silver E45 GC EPO Silver E45 PPO Silver E45	\$4,500/\$9,000	30%	\$8,700/\$17,400	Telehealth: \$0 PCP: \$50 Spec: \$70	ER: \$300 copay after deductible UC: \$65	\$8/\$30	\$75/\$100	20% to \$200/script 50% to \$500/script
	HMO Silver HSA F55 EMB HMO Silver HSA F55 EMB HFC HMO Silver HSA F55 EMB GC EPO Silver HSA F55 EMB PPO Silver HSA F55 EMB	\$5,500/\$11,000	0%	\$5,500/\$11,000	Telehealth/PCP/Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Covered after deductible	Covered after deductible	Covered after deductible
	HMO Silver G65 EPO Silver G65 PPO Silver G65	\$6,500/\$13,000	30%	\$8,700/\$17,400	Telehealth: \$0 PCP: \$50 Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: \$65	\$5/\$25	\$100/\$125	20% to \$200/script 50% to \$500/script
BRONZE	HMO Bronze HSA G65 EPO Bronze HSA G65 PPO Bronze HSA G65	\$6,500/\$13,000	30%	\$7,200/\$14,400	Telehealth: Covered after deductible PCP/Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: 30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
	HMO Bronze HSA H705 EMB HMO Bronze HSA H705 EMB HFC HMO Bronze HSA H705 EMB GC EPO Bronze HSA H705 EMB PPO Bronze HSA H705 EMB	\$7,050/\$14,100	0%	\$7,050/\$14,100	Telehealth/PCP/Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Covered after deductible	Covered after deductible	Covered after deductible
	HMO Bronze H75 HMO Bronze H75 HFC HMO Bronze H75 GC EPO Bronze H75 PPO Bronze H75	\$7,500/\$15,000	30%	\$9,450/\$18,900	Telehealth: \$0 PCP: \$50 Spec: 30% coinsurance after deductible	ER: 30% coinsurance after deductible UC: \$65	\$10/\$30	\$100/\$125	20% to \$200/script 50% to \$500/script
	HMO Bronze J855 HMO Bronze J855 HFC HMO Bronze J855 GC EPO Bronze J855 PPO Bronze J855	\$8,550/\$17,100	0%	\$9,450/\$18,900	Telehealth: \$0 PCP: \$50 Spec: Covered after deductible	ER: Covered after deductible UC: Covered after deductible	Covered after deductible	Covered after deductible	Covered after deductible

The above comparisons are to be used for general reference only. Please refer to the individual summaries for benefit levels for each service. Differences between your former group plan and the new group plan exist due to the Affordable Care Act requirements. Please see HAP's contracts, policies, riders and prescription formulary to review changes that may impact your group plan. The plans and rates are subject to change pending state and federal regulatory approval. In the case of a conflict between this chart and a policy, the terms and conditions of the policy.

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