

# UnitedHealthcare: Qualified Health Plans

<b>Health Plan Name</b>	<b>UHC NAVIGATE DNXL</b>
<b>O-EPIC Health Plan ID</b>	<b>H01793</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$10 / Specialist \$30
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>UHC NAVIGATE DN XO</b>
<b>O-EPIC Health Plan ID</b>	<b>H01795</b>
<b>Individual Annual Deductible (in-network)</b>	\$2,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3,000
<b>Office Visit Copay</b>	\$20/ Specialist \$60
<b>Pharmacy</b>	Plan 2V \$10/35/60

<b>Health Plan Name</b>	<b>UHC NAVIGATE DN XS</b>
<b>O-EPIC Health Plan ID</b>	<b>H01797</b>
<b>Individual Annual Deductible (in-network)</b>	\$1,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3,000
<b>Office Visit Copay</b>	\$25/ Specialist \$75
<b>Pharmacy</b>	Plan 2V \$10/35/60

<b>Health Plan Name</b>	<b>CHOICE PLUS DNYJ</b>
<b>O-EPIC Health Plan ID</b>	<b>H01851</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS DNYK</b>
<b>O-EPIC Health Plan ID</b>	<b>H01721</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

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<b>Health Plan Name</b>	<b>CHOICE PLUS DNYL</b>
<b>O-EPIC Health Plan ID</b>	<b>H01722</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS DNYM</b>
<b>O-EPIC Health Plan ID</b>	<b>H01723</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS DNYZ</b>
<b>O-EPIC Health Plan ID</b>	<b>H01853</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS DNY9</b>
<b>O-EPIC Health Plan ID</b>	<b>H01854</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS DNZH</b>
<b>O-EPIC Health Plan ID</b>	<b>H01855</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

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<b>Health Plan Name</b>	<b>CHOICE PLUS DNZY</b>
<b>O-EPIC Health Plan ID</b>	<b>H01860</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS DN1D</b>
<b>O-EPIC Health Plan ID</b>	<b>H01726</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>CHOICE PLUS DNZU</b>
<b>O-EPIC Health Plan ID</b>	<b>H01856</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1500
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>CHOICE PLUS DNZV</b>
<b>O-EPIC Health Plan ID</b>	<b>H01857</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>CHOICE PLUS DNZW</b>
<b>O-EPIC Health Plan ID</b>	<b>H01858</b>
<b>Individual Annual Deductible (in-network)</b>	\$3000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	\$10/\$35/\$60

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<b>Health Plan Name</b>	<b>CHOICE PLUS DNZX</b>
<b>O-EPIC Health Plan ID</b>	<b>H01859</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>UHC NAVIGATE DN1E</b>
<b>O-EPIC Health Plan ID</b>	<b>H02059</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UHC CHOICE PLUS DN1C</b>
<b>O-EPIC Health Plan ID</b>	<b>H02083</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UHC NAVIGATE DNX5 (BQ-BU)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02121</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25 PCP / \$75 Specialist
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UHC NAVIGATE DNXZ (BQ-BQ)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02122</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20 PCP / \$60 Specialist
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

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<b>Health Plan Name</b>	<b>UHC NAVIGATE DNXW (BQ-BN)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02123</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1750
<b>Office Visit Copay</b>	\$10 PCP / \$30 Specialist
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DN14</b>
<b>O-EPIC Health Plan ID</b>	<b>H02176</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DN1G</b>
<b>O-EPIC Health Plan ID</b>	<b>H02177</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DN1F</b>
<b>O-EPIC Health Plan ID</b>	<b>H02178</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE OKLAHOMA CHOICE PLUS DN15</b>
<b>O-EPIC Health Plan ID</b>	<b>H02181</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

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<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DN1W</b>
<b>O-EPIC Health Plan ID</b>	<b>H02259</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DXOZ DG22 CVSM</b>
<b>O-EPIC Health Plan ID</b>	<b>H02265</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DG1T CVTF</b>
<b>O-EPIC Health Plan ID</b>	<b>H02266</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$30
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DG1U CVTG</b>
<b>O-EPIC Health Plan ID</b>	<b>H02268</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DG1V CVTH</b>
<b>O-EPIC Health Plan ID</b>	<b>H02271</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

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<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER DG1X CVTK</b>
<b>O-EPIC Health Plan ID</b>	<b>H02272</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DG1B CVS</b>
<b>O-EPIC Health Plan ID</b>	<b>H02273</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DN2L</b>
<b>O-EPIC Health Plan ID</b>	<b>H02281</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DN2K</b>
<b>O-EPIC Health Plan ID</b>	<b>H02282</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE NAVIGATE DN3Y</b>
<b>O-EPIC Health Plan ID</b>	<b>H02284</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10
<b>Pharmacy</b>	\$10/\$35/\$60

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<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE NAVIGATE DN3X</b>
<b>O-EPIC Health Plan ID</b>	<b>H02286</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15 PCP / \$50 Specialist
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHARTER DGZW</b>
<b>O-EPIC Health Plan ID</b>	<b>H02292</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DGZL</b>
<b>O-EPIC Health Plan ID</b>	<b>H02293</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DGZM</b>
<b>O-EPIC Health Plan ID</b>	<b>H02294</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$20
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DN2Q</b>
<b>O-EPIC Health Plan ID</b>	<b>H02296</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	\$10/\$35/\$60



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<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE CHOICE PLUS DN2V</b>
<b>O-EPIC Health Plan ID</b>	<b>H02297</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10 PCP // \$40 SPEC
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DN2W</b>
<b>O-EPIC Health Plan ID</b>	<b>H02298</b>
<b>Individual Annual Deductible (in-network)</b>	\$2000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$10 PCP // \$40 SPEC
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>UNITEDHEALTHCARE SELECT DN2P</b>
<b>O-EPIC Health Plan ID</b>	<b>H02299</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	\$10/\$35/\$60

<b>Health Plan Name</b>	<b>SUREST A2500 UNITEDHEALTHCARE</b>
<b>O-EPIC Health Plan ID</b>	<b>H02276</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$5 TO \$40
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

<b>Health Plan Name</b>	<b>SUREST A3000 UNITEDHEALTHCARE</b>
<b>O-EPIC Health Plan ID</b>	<b>H02277</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$5 TO \$40
<b>Pharmacy</b>	All Filed & Approved Pharmacy Options

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<b>Health Plan Name</b>	<b>SUREST A1500 UNITEDHEALTHCARE</b>
<b>O-EPIC Health Plan ID</b>	<b>H02300</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1500
<b>Office Visit Copay</b>	\$5 TO \$25
<b>Pharmacy</b>	\$10/\$35/\$70

<b>Health Plan Name</b>	<b>SUREST A2000 UNITEDHEALTHCARE</b>
<b>O-EPIC Health Plan ID</b>	<b>H02301</b>
<b>Individual Annual Deductible (in-network)</b>	\$0
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$5 TO \$25
<b>Pharmacy</b>	\$10/\$35/\$70

<b>Health Plan Name</b>	<b>UHC CHOICE PLUS DGZN</b>
<b>O-EPIC Health Plan ID</b>	<b>H02304</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1250
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	\$10/\$40/\$125/\$300

<b>Health Plan Name</b>	<b>UHC SELECT DGZO</b>
<b>O-EPIC Health Plan ID</b>	<b>H02305</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1250
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	\$10/\$40/\$125/\$300

<b>Health Plan Name</b>	<b>UHC CHARTER DGZY</b>
<b>O-EPIC Health Plan ID</b>	<b>H02306</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$1250
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	\$10/\$40/\$125/\$300

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<b>Health Plan Name</b>	<b>UHC CHOICE PLUS DXPQ</b>
<b>O-EPIC Health Plan ID</b>	<b>H02329</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	\$10/\$40/\$125/\$300

<b>Health Plan Name</b>	<b>UHC SELECT DXPJ</b>
<b>O-EPIC Health Plan ID</b>	<b>H02328</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	\$10/\$40/\$125/\$300

<b>Health Plan Name</b>	<b>UHC CHARTER DXP3</b>
<b>O-EPIC Health Plan ID</b>	<b>H02327</b>
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	\$10/\$40/\$125/\$300

<b>Health Plan Name</b>	<b>UHC SELECT DXPA</b>
<b>O-EPIC Health Plan ID</b>	<b>H02325</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	\$10/\$40/\$125/\$300

<b>Health Plan Name</b>	<b>UHC CHARTER DXPR</b>
<b>O-EPIC Health Plan ID</b>	<b>H02326</b>
<b>Individual Annual Deductible (in-network)</b>	\$250
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2500
<b>Office Visit Copay</b>	\$15 PCP // \$50 SPEC
<b>Pharmacy</b>	\$10/\$40/\$125/\$300