

Horizon Omnia Plan			
	Inspira Inner Circle	Omnia Tier 1	Omnia Tier 2
Annual Deductible <i>(Single/Family)</i>	\$0	\$2,000/\$4,000	\$2,500/\$5,000
Out-of-Pocket Maximum <i>(includes deductible and copays)</i>	\$5,200/\$10,400 (combined across all tiers)		
Coinsurance	\$0	50%	60%
Doctor's Office Visits			
Preventative Services	\$0	\$0	\$0
Primary Care Office Visit	\$0	\$20 copay	\$80 copay
Specialist Office Visit	\$0	\$30 copay	\$100 copay
Labs			
Non-Routine Laboratory <i>(no coverage at freestanding labs other than LabCorp)</i>	\$0	\$30 in office/LabCorp; 50% after deductible in outpatient facility	\$30 in office/LabCorp; 60% after deductible in outpatient facility
Hospital Services			
Inpatient Admission <i>(including maternity)</i>	\$0	\$1,000 copay, then 50% after deductible	\$1,000 copay, then 60% after deductible
Outpatient Surgery			
Hospital Outpatient Surgery	\$0	\$500 copay, then 50% after deductible	\$500 copay, then 60% after deductible
Surgery in an Ambulatory SurgiCenter	\$0	\$500 copay, then 50% after deductible	\$500 copay, then 60% after deductible
Emergency Services			
Urgent Care	\$20 copay	\$60 copay	\$100 copay
Emergency Room <i>(copay waived if admitted)</i>	\$100 copay	\$100 copay	\$100 copay
Ambulance <i>(Ground Transport Only)</i>	\$0	\$0	\$0
Prescription Coverage: CVS Caremark	30 day/90 day		
Generic <i>(Retail/Mail-Order)</i>	\$5 copay/\$10 copay		
Preferred Brand <i>(Retail/Mail-Order)</i>	\$40 copay/\$80 copay		
Non-Preferred Brand <i>(Retail/Mail-Order)</i>	\$55 copay/\$110 copay		

Horizon MyWay HSA Plan		
	In-Network	Out-of-Network
Annual Deductible <i>(Single/Family)</i>	\$2,000/\$4,000 <i>(combined In-Network and Out-of-Network)</i>	
Out-of-Pocket Maximum <i>(Includes Prescription Drugs)</i>	\$6,650 single/\$13,300 family	\$10,000 single/\$20,000 family
Coinsurance	0%	30%
Doctor's Office Visits		
Preventative Services	\$0 (no deductible)	30% coinsurance (no deductible)
Primary Care Office Visit	\$0 after deductible	30% coinsurance after deductible
Specialist Office Visit	\$0 after deductible	30% coinsurance after deductible
Labs		
Non-Routine Laboratory	\$0 after deductible	30% coinsurance after deductible
Hospital Services		
Inpatient Admission <i>(including maternity)</i>	\$0 after deductible	30% coinsurance after deductible
Outpatient Surgery		
Hospital Outpatient Surgery	\$0 after deductible	30% coinsurance after deductible
Surgery in an Ambulatory SurgiCenter	\$0 after deductible	30% coinsurance after deductible
Emergency Services		
Urgent Care	\$0 after deductible	30% coinsurance after deductible
Emergency Room	\$0 after deductible	30% coinsurance after deductible
Ambulance <i>(Ground Transport Only)</i>	\$0 after deductible	\$0 after deductible
Prescription Coverage: CVS Caremark		
Generic <i>(Retail/Mail-Order)</i>	20% after deductible	
Preferred Brand <i>(Retail/Mail-Order)</i>	20% after deductible	
Non-Preferred Brand <i>(Retail/Mail-Order)</i>	20% after deductible	