

2021 Small Group Products include provisions of the Patient Protection and Affordable Care Act.

Product Name	Participating Provider Office Copay or Deductible	Participating Provider Coinsurance	Generic/Formulary Prescription Drugs	Participating Provider Maximum Out-of-Pocket	Embedded In-Network Deductible/Out-of-Pocket	Non-Participating Provider Coinsurance	Non-Participating Provider Maximum Deductible	Non-Participating Provider Maximum Out-of-Pocket	Pediatric Dental	Cred.	Plan Relativity Factor
COPAY PLANS											
G.PIC.500.75.75	\$500/\$1,500 \$75 office copay	75%	\$15/\$50*	\$5,750/\$11,500	✓	50%	\$3,000/\$9,000	\$24,000/\$48,000	✓	✓	0.817
G.PIC.1000.75.75	\$1,000/\$3,000 \$75 office copay	75%	\$15/\$50*	\$5,750/\$11,500	✓	50%	\$3,000/\$9,000	\$24,000/\$48,000	✓	✓	0.776
G.PIC.1500.60.75	\$1,500/\$3,000 \$75 office copay	60%	\$15/\$50*	\$5,000/\$10,000	✓	50%	\$4,500/\$13,500	\$24,000/\$48,000	✓	✓	0.799
P.PIC.1500.100.25	\$1,500/\$3,000 \$25 office copay	100%	\$15/\$50*	\$1,500/\$3,000	✓	50%	\$4,500/\$13,500	\$24,000/\$48,000	✓	✓	0.962
G.PIC.2500.80.50	\$2,500/\$5,000 \$50 office copay	80%	\$15/\$50*	\$5,000/\$10,000	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	✓	0.745
G.PIC.3000.80.25	\$3,000/\$6,000 \$25 office copay	80%	\$15/\$50*	\$5,000/\$10,000	✓	50%	\$9,000/\$18,000	\$24,000/\$48,000	✓	✓	0.745
G.PIC.3500.100.75	\$3,500/\$7,000 \$75 office copay	100%	\$15/\$50*	\$3,500/\$7,000	✓	50%	\$9,000/\$27,000	\$24,000/\$48,000	✓	✓	0.858
G.PIC.4000.100.40	\$4,000/\$8,000 \$40 office copay	100%	\$15/\$50*	\$4,000/\$8,000	✓	50%	\$11,250/\$22,500	\$24,000/\$48,000	✓	✓	0.808
S.PIC.5500.75.50	\$5,500/\$11,000 \$50 office copay	75%	\$15/\$50*	\$8,550/\$17,100	✓	50%	\$12,000/\$24,000	\$24,000/\$48,000	✓	✓	0.679
HIGH DEDUCTIBLE PLANS WITH RX COPAY											
G.PIC.2000.80	\$2,000/\$6,000	80%	\$15/\$50*	\$4,000/\$12,000	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	✓	0.840
P.PIC.1000.100	\$1,000/\$3,000	100%	\$15/\$50*	\$1,000/\$3,000	✓	50%	\$3,000/\$9,000	\$24,000/\$48,000	✓	✓	1.000
S.PIC.3000.75	\$3,000/\$6,000	75%	\$15/\$50*	\$8,550/\$17,100	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	✓	0.732
G.PIC.3000.100	\$3,000/\$6,000	100%	\$15/\$50*	\$3,000/\$6,000	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	✓	0.829
S.PIC.3500.75	\$3,500/\$7,000	75%	\$15/\$50*	\$7,000/\$14,000	✓	50%	\$9,000/\$18,000	\$24,000/\$48,000	✓	✓	0.717
S.PIC.5500.100	\$5,500/\$11,000	100%	\$15/\$50*	\$5,500/\$11,000	✓	50%	\$16,500/\$33,000	\$24,000/\$48,000	✓	✓	0.712

*For plans that have an Rx Copay: Copays apply to generic and formulary drugs only. Non-Formulary drugs benefit is deductible/coinsurance.

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HSA PLANS											
S.PIC.2500.75.HSA	\$2,500/\$5,000	75%	75% after deductible	\$7,000/\$14,000	✓ (\$2,800)	50%	\$6,000/\$18,000	\$24,000/\$48,000	✓	✓	0.702
G.PIC.2800.100.HSA	\$2,800/\$5,600	100%	100% after deductible	\$2,800/\$5,600	✓	50%	\$6,000/\$18,000	\$24,000/\$48,000	✓	✓	0.806
G.PIC.3000.100.HSA	\$3,000/\$6,000	100%	100% after deductible	\$3,000/\$6,000	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	✓	0.786
S.PIC.3000.80.HSA	\$3,000/\$6,000	80%	80% after deductible	\$6,000/\$12,000	✓	50%	\$9,000/\$27,000	\$24,000/\$48,000	✓	✓	0.711
S.PIC.4500.100.HSA	\$4,500/\$9,000	100%	100% after deductible	\$4,500/\$9,000	✓	50%	\$12,000/\$24,000	\$24,000/\$48,000	✓	✓	0.685
B.PIC.6250.70.HSA	\$6,250/\$12,500	70%	70% after deductible	\$7,000/\$14,000	✓	50%	\$16,500/\$33,000	\$24,000/\$48,000	✓		0.648
B.PIC.7000.100.HSA	\$7,000/\$14,000	100%	100% after deductible	\$7,000/\$14,000	✓	50%	\$20,250/\$40,500	\$30,000/\$60,000	✓		0.632

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Network Options (Please consult your PreferredOne Representative for a more detailed description)

Complete Network: Largest open access network with clinics and hospitals throughout Minnesota.

Horizon Network: 99% of the clinics and hospitals throughout MN.

Wilderness Health ACO Network: Primary and specialty care providers in Northern Minnesota, including St. Luke's and Fairview-Range hospitals.