

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

Product Name	Participating Provider Deductible or Office Copay	SuperTier Participating Provider Deductible or Office Copay	Participating Provider Coinsurance	Generic/Formulary Prescription Drugs	Participating Provider Maximum Out-of-Pocket	SuperTier Participating Provider Maximum Out-of-Pocket	Embedded In-Network Deductible/Out-of-Pocket	Non-Participating Provider Coinsurance	Non-Participating Provider Deductible	Non-Participating Provider Out-of-Pocket	Pediatric Dental	Cred.	Plan Relativity Factor
COPY PLANS													
G.PIC.500.75.75.ST	\$500/\$1,500 \$75 office copay	\$0 \$25 office copay	75%	\$15/\$50*	\$5,750/\$11,500	\$5,750/\$11,500	✓	50%	\$3,000/\$9,000	\$24,000/\$48,000	✓	Y	0.817
G.PIC.1000.75.75.ST	\$1,000/\$3,000 \$75 office copay	\$0 \$25 office copay	75%	\$15/\$50*	\$5,750/\$11,500	\$5,750/\$11,500	✓	50%	\$3,000/\$9,000	\$24,000/\$48,000	✓	Y	0.776
G.PIC.1500.60.75.ST	\$1,500/\$3,000 \$75 office copay	\$500/\$1,000 \$25 office copay	60%	\$15/\$50*	\$5,000/\$10,000	\$5,000/\$10,000	✓	50%	\$4,500/\$13,500	\$24,000/\$48,000	✓	Y	0.799
P.PIC.1500.100.25.ST	\$1,500/\$3,000 \$25 office copay	\$500/\$1,000 \$0 office copay	100%	\$15/\$50*	\$1,500/\$3,000	\$500/\$1,000	✓	50%	\$4,500/\$13,500	\$24,000/\$48,000	✓	Y	0.962
G.PIC.2500.80.50.ST	\$2,500/\$5,000 \$50 office copay	\$1,000/\$2,000 \$10 office copay	80%	\$15/\$50*	\$5,000/\$10,000	\$5,000/\$10,000	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	Y	0.745
G.PIC.3000.80.25.ST	\$3,000/\$6,000 \$25 office copay	\$1,000/\$2,000 \$0 office copay	80%	\$15/\$50*	\$5,000/\$10,000	\$5,000/\$10,000	✓	50%	\$9,000/\$18,000	\$24,000/\$48,000	✓	Y	0.745
G.PIC.3500.100.75.ST	\$3,500/\$7,000 \$75 office copay	\$2,000/\$4,000 \$25 office copay	100%	\$15/\$50*	\$3,500/\$7,000	\$2,000/\$4,000	✓	50%	\$9,000/\$27,000	\$24,000/\$48,000	✓	Y	0.858
G.PIC.4000.100.40.ST	\$4,000/\$8,000 \$40 office copay	\$2,000/\$4,000 \$0 office copay	100%	\$15/\$50*	\$4,000/\$8,000	\$2,000/\$4,000	✓	50%	\$11,250/\$22,500	\$24,000/\$48,000	✓	Y	0.808
S.PIC.5500.75.50.ST	\$5,500/\$11,000 \$50 office copay	\$2,750/\$5,500 \$10 office copay	75%	\$15/\$50*	\$8,550/\$17,100	\$8,550/\$17,100	✓	50%	\$12,000/\$24,000	\$24,000/\$48,000	✓	Y	0.679
HIGH DEDUCTIBLE PLANS WITH RX COPAY													
G.PIC.2000.80.ST	\$2,000/\$6,000	\$1,000/\$3,000	80%	\$15/\$50*	\$4,000/\$12,000	\$4,000/\$12,000	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	Y	0.840
P.PIC.1000.100.ST	\$1,000/\$3,000	\$250/\$500	100%	\$15/\$50*	\$1,000/\$3,000	\$250/\$500	✓	50%	\$3,000/\$9,000	\$24,000/\$48,000	✓	Y	1.000
S.PIC.3000.75.ST	\$3,000/\$6,000	\$1,500/\$3,000	75%	\$15/\$50*	\$8,550/\$17,100	\$8,550/\$17,100	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	Y	0.732
G.PIC.3000.100.ST	\$3,000/\$6,000	\$1,500/\$3,000	100%	\$15/\$50*	\$3,000/\$6,000	\$1,500/\$3,000	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	Y	0.829
S.PIC.3500.75.ST	\$3,500/\$7,000	\$1,500/\$3,000	75%	\$15/\$50*	\$7,000/\$14,000	\$7,000/\$14,000	✓	50%	\$9,000/\$18,000	\$24,000/\$48,000	✓	Y	0.717
S.PIC.5500.100.ST	\$5,500/\$11,000	\$3,250/\$6,500	100%	\$15/\$50*	\$5,500/\$11,000	\$3,250/\$6,500	✓	50%	\$16,500/\$33,000	\$24,000/\$48,000	✓	Y	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 QUALIFIED PLANS													
S.PIC.2500.75.HSA.ST	\$2,500/\$5,000	\$1,400/\$2,800	75%	75% after deductible	\$7,000/\$14,000	\$7,000/\$14,000	✓	50%	\$6,000/\$18,000	\$24,000/\$48,000	✓	Y	0.702
G.PIC.2800.100.HSA.ST	\$2,800/\$5,600	\$1,800/\$3,600	100%	100% after deductible	\$2,800/\$5,600	\$1,800/\$3,600	✓	50%	\$6,000/\$18,000	\$24,000/\$48,000	✓	Y	0.806
G.PIC.3000.100.HSA.ST	\$3,000/\$6,000	\$1,400/\$2,800	100%	100% after deductible	\$3,000/\$6,000	\$1,400/\$2,800	✓	50%	\$7,500/\$15,000	\$24,000/\$48,000	✓	Y	0.786
S.PIC.3000.80.HSA.ST	\$3,000/\$6,000	\$1,500/\$3,000	80%	80% after deductible	\$6,000/\$12,000	\$6,000/\$12,000	✓	50%	\$9,000/\$27,000	\$24,000/\$48,000	✓	Y	0.711
S.PIC.4500.100.HSA.ST	\$4,500/\$9,000	\$3,200/\$6,400	100%	100% after deductible	\$4,500/\$9,000	\$3,200/\$6,400	✓	50%	\$12,000/\$24,000	\$24,000/\$48,000	✓	Y	0.685
B.PIC.6250.70.HSA.ST	\$6,250/\$12,500	\$5,000/\$10,000	70%	70% after deductible	\$7,000/\$14,000	\$7,000/\$14,000	✓	50%	\$16,500/\$33,000	\$24,000/\$48,000	✓		0.648
B.PIC.7000.100.HSA.ST	\$7,000/\$14,000	\$5,250/\$10,500	100%	100% after deductible	\$7,000/\$14,000	\$5,250/\$10,500	✓	50%	\$20,250/\$40,500	\$30,000/\$60,000	✓		0.632

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

Note for embedded HSA plan designs: The minimum family deductible is \$2800. Family plans with individual deductibles less than \$2,800 will embed at \$2,800.

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

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

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