

ACHIEVE YOUR BEST HEALTHSM



PreferredOne[®]
INSURANCE COMPANY

SMALL GROUP
2019 Product Summary
Effective 1.1.2019 - 12.31.2019

2019 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 Out-of-Pocket	Pediatric Dental	Creditable	Plan Relativity Factor
COPAY PLANS										
G.PIC.500.75.40	\$500/\$1,500 \$40 office copay	75%	\$10/\$25/\$50	\$5,000/\$15,000	✓	50%	\$24,000/\$48,000	✓	✓	0.877
G.PIC.1000.80.40	\$1,000/\$3,000 \$40 office copay	80%	\$10/\$25/\$50	\$4,000/\$12,000	✓	50%	\$24,000/\$48,000	✓	✓	0.846
G.PIC.1500.60.75	\$1,500/\$3,000 \$75 office copay	60%	\$10/\$25/\$50	\$5,000/\$10,000	✓	50%	\$24,000/\$48,000	✓	✓	0.798
P.PIC.1500.100.25	\$1,500/\$3,000 \$25 office copay	100%	\$10/\$25/\$50	\$1,500/\$3,000	✓	50%	\$24,000/\$48,000	✓	✓	0.924
G.PIC.2500.80.50	\$2,500/\$5,000 \$50 office copay	80%	\$10/\$25/\$50	\$5,000/\$10,000	✓	50%	\$24,000/\$48,000	✓	✓	0.746
G.PIC.3000.80.25	\$3,000/\$6,000 \$25 office copay	80%	\$10/\$25/\$50	\$5,000/\$10,000	✓	50%	\$24,000/\$48,000	✓	✓	0.746
G.PIC.3000.100.40	\$3,000/\$6,000 \$40 office copay	100%	\$10/\$25/\$50	\$3,000/\$6,000	✓	50%	\$24,000/\$48,000	✓	✓	0.836
G.PIC.3750.100.40	\$3,750/\$7,500 \$40 office copay	100%	\$10/\$25/\$50	\$3,750/\$7,500	✓	50%	\$24,000/\$48,000	✓	✓	0.783
S.PIC.4000.80.50	\$4,000/\$12,000 \$50 office copay	80%	\$10/\$25/\$50	\$7,900/\$15,800	✓	50%	\$24,000/\$48,000	✓	✓	0.728
S.PIC.6000.100.50	\$6,000/\$12,000 \$50 office copay	100%	\$10/\$25/\$50	\$6,000/\$12,000	✓	50%	\$24,000/\$48,000	✓	✓	0.729
S.PIC.7900.100.50	\$7,900/\$15,800 \$50 office copay	100%	\$10/\$25/\$50	\$7,900/\$15,800	✓	50%	\$30,000/\$60,000	✓	✓	0.697
HIGH DEDUCTIBLE PLANS WITH RX COPAY										
G.PIC.1000.80	\$1,000/\$3,000	80%	\$10/\$25/\$50	\$4,000/\$12,000	✓	50%	\$24,000/\$48,000	✓	✓	0.882
P.PIC.1000.100	\$1,000/\$3,000	100%	\$10/\$25/\$50	\$1,000/\$3,000	✓	50%	\$24,000/\$48,000	✓	✓	1.000
S.PIC.2500.80	\$2,500/\$5,000	80%	\$10/\$25/\$50	\$7,900/\$15,800	✓	50%	\$24,000/\$48,000	✓	✓	0.766
G.PIC.2500.100	\$2,500/\$5,000	100%	\$10/\$25/\$50	\$2,500/\$5,000	✓	50%	\$24,000/\$48,000	✓	✓	0.862
S.PIC.3000.80	\$3,000/\$6,000	80%	\$10/\$25/\$50	\$5,750/\$11,500	✓	50%	\$24,000/\$48,000	✓	✓	0.758
S.PIC.5500.100	\$5,500/\$11,000	100%	\$10/\$25/\$50	\$5,500/\$11,000	✓	50%	\$24,000/\$48,000	✓	✓	0.716

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

Note: All HSA plans are 2019 COLA compliant

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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 Out-of-Pocket	Pediatric Dental	Creditable	Plan Relativity Factor
HSA PLANS										
S.PIC.2500.80.HSA	\$2,500/\$5,000	80%	80% after deductible	\$6,000/\$12,000	✓ (\$2,700/\$6,000)	50%	\$24,000/\$48,000	✓	✓	0.708
G.PIC.2000.100.HSA	\$2,000/\$4,000	100%	100% after deductible	\$2,000/\$4,000	✓ (\$2,700)	50%	\$24,000/\$48,000	✓	✓	0.831
G.PIC.2500.100.HSA	\$2,500/\$5,000	100%	100% after deductible	\$2,500/\$5,000	✓ (\$2,700)	50%	\$24,000/\$48,000	✓	✓	0.815
G.PIC.3000.100.HSA	\$3,000/\$6,000	100%	100% after deductible	\$3,000/\$6,000	✓	50%	\$24,000/\$48,000	✓	✓	0.786
S.PIC.3000.80.HSA	\$3,000/\$6,000	80%	80% after deductible	\$5,000/\$10,000	✓	50%	\$24,000/\$48,000	✓		0.729
S.PIC.4000.100.HSA	\$4,000/\$8,000	100%	100% after deductible	\$4,000/\$8,000	✓	50%	\$24,000/\$48,000	✓	✓	0.702
B.PIC.5500.70.HSA	\$5,500/\$11,000	70%	70% after deductible	\$6,700/\$13,400	✓	50%	\$24,000/\$48,000	✓		0.634
B.PIC.6500.100.HSA	\$6,500/\$13,000	100%	100% after deductible	\$6,500/\$13,000	✓	50%	\$24,000/\$48,000	✓		0.636
B.PIC.6700.100.HSA	\$6,700/\$13,400	100%	100% after deductible	\$6,700/\$13,400	✓	50%	\$30,000/\$60,000	✓		0.629

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

Note: All HSA plans are 2019 COLA compliant

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.

Connect Network: Over 6,000 high performing primary and specialty care providers in the Twin Cities metro area.

Lakes Area Network: Open Access to primary care and specialty care providers in Grant and Ottertail counties and surrounding area.

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

