ASURIS NORTHWEST HEALTH

Asuris Employee Select℠ Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Platinum 250	Platinum 500	No-math plan Platinum 1200	Gold 500	Gold 1000	Gold 1500
Networks offered on these plans	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network
Deductible	**$250** / $3,000	**$500** / $3,000	**$1,200** / $3,000	**$500** / $5,000	**$1,000** / $5,000	**$1,500** / $5,000
Out-of-pocket maximum	**$4,000** / $10,000	**$4,000** / $10,000	**$1,200** / $10,000	**$8,000** / $10,000	**$7,000** / $10,000	**$8,550** / $10,000
Preventive care	Covered in full for in-network services					
Asuris Motivate®	**3% discount on medical premium; up to $150 for eligible employees and spouses/domestic partners**					
Employee Assistance Program	Covered in full (4 counseling visits per incident)					
Behavioral health	**$20** / 50%	**$20** / 50%	**0%** / 50%	**$30** / 50%	**$30** / 50%	**$30** / 50%
Virtual care	**$10** / 50%	**$10** / 50%	**0%** / 50%	**$10** / 50%	**$10** / 50%	**$10** / 50%
Primary care provider	**$20** / 50%	**$20** / 50%	**0%** / 50%	**$30** / 50%	**$30** / 50%	**$30** / 50%
Specialist	**$30** / 50%	**$30** / 50%	**0%** / 50%	**$50** / 50%	**$50** / 50%	**$50** / 50%
Urgent care	**$30** / 50%	**$30** / 50%	**0%** / 50%	**$50** / 50%	**$50** / 50%	**$50** / 50%
Maternity	**10%** / 50%	**10%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / 50%	**20%** / 50%
Inpatient hospital	**10%** / 50%	**10%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / 50%	**20%** / 50%
Outpatient surgery & services	**10%** / 50%	**10%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / 50%	**20%** / 50%
Outpatient lab & radiology	**0%** / 50%	**0%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / 50%	**20%** / 50%
Outpatient complex lab & imaging	**10%** / 50%	**10%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / 50%	**20%** / 50%
Outpatient rehab	**$20** / 50%	**$20** / 50%	**0%** / 50%	**$30** / 50%	**$30** / 50%	**$30** / 50%
Emergency room*	**$250** then coinsurance	**$250** then coinsurance	**0%**	**$300** then coinsurance	**$300** then coinsurance	**$300** then coinsurance
Hearing instruments and services: 1 instrument per ear every 36 months	**0%** / Covered in full out of network					
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at **$0** / 50%					
Pediatric dental up to age 19*	**0%** Preventive, **20%** Basic, **50%** Major					
Acupuncture (no limit) **/ spinal manipulation** (10 visits per year)	**$20** / 50%	**$20** / 50%	**0%** / 50%	**$30** / 50%	**$30** / 50%	**$30** / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	**10%** / 50%	**10%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / 50%	**20%** / 50%
Optimum Value Medication List	N/A	N/A	Yes	N/A	N/A	N/A
Rx Tier 1 (Preferred generics)*	**$8**	**$8**	**$0**	**$10**	**$10**	**$15**
Rx Tier 2 (Generics)*	**$30**	**$35**	**$0**	**$35**	**$35**	**$35**
Rx Tier 3 (Preferred brands)*	**$30**	**$30**	**$0**	**$50**	**$50**	**$50**
Rx Tier 4 (Brands)*	**50%**	**50%**	**$0**	**50%**	**50%**	**50%**
Rx Tier 5 (Preferred specialty)*	**20%**	**20%**	**$0**	**20%**	**20%**	**20%**
Rx Tier 6 (Specialty)*	**50%**	**50%**	**$0**	**50%**	**50%**	**50%**

Light-gray box = Deductible applies

Dark-gray box = Deductible waived for in-network care.
Out-of-network care is subject to the out-of-network deductible.

* In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network.

ASURIS NORTHWEST HEALTH

Asuris Employee Select℠ Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold 2000	Gold 2500		No-math plan Gold Abound 3500*
Networks offered on these plans	**Preferred** In network / Out of network	**Preferred** In network / Out of network	**RealValue** In network / Out of network	**Preferred** In network / Out of network
Deductible	**$2,000** / $5,000	**$2,500** / $5,000	**$2,500** / Not covered	**$3,500** / $4,000
Out-of-pocket maximum	**$6,000** / $10,000	**$7,350** / $10,000	**$7,350** / Not covered	**$3,500** / $10,000
Preventive care	Covered in full for in-network services			
Asuris Motivate®	**3% discount on medical premium; up to $150 for eligible employees and spouses/domestic partners**			
Employee Assistance Program	Covered in full (4 counseling visits per incident; 8 visits for Gold Abound 3500)			
Behavioral health	**$40** / 50%	**$30** / 50%	**$30** / Not covered	**0%** / 50%
Virtual care	**$10** / 50%	**$10** / 50%	**$10** / Not covered	**0%** / 50%
Primary care provider	**$40** / 50%	**$30** / 50%	**$30** / Not covered	**0%** / 50%
Specialist	**$50** / 50%	**$50** / 50%	**$50** / Not covered	**0%** / 50%
Urgent care	**$50** / 50%	**$50** / 50%	**$50** / Not covered	**0%** / 50%
Maternity	**25%** / 50%	**30%** / 50%	**30%** / Not covered	**0%** / 50%
Inpatient hospital	**25%** / 50%	**30%** / 50%	**30%** / Not covered	**0%** / 50%
Outpatient surgery & services	**25%** / 50%	**30%** / 50%	**30%** / Not covered	**0%** / 50%
Outpatient lab & radiology	**25%** / 50%	**30%** / 50%	**30%** / Not covered	**0%** / 50%
Outpatient complex lab & imaging	**25%** / 50%	**30%** / 50%	**30%** / Not covered	**0%** / 50%
Outpatient rehab	**$40** / 50%	**$30** / 50%	**$30** / Not covered	**0%** / 50%
Emergency room**	**$300** then coinsurance	**$300** then coinsurance	**$300** then coinsurance	**0%**
Hearing instruments and services: 1 instrument per ear every 36 months	**0%** / Covered in full out of network		**0%** / Not covered	**0%** / Covered in full out of network
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at **$0** / 50% (**$0** / Not covered for Gold 2500 plan on RealValue Network)			
Pediatric dental up to age 19**	**0%** Preventive, **20%** Basic, **50%** Major			
Acupuncture (no limit) **/ spinal manipulation** (10 visits per year)	**$40** / 50%	**$30** / 50%	**$30** / Not covered	**0%** / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	**25%** / 50%	**30%** / 50%	**30%** / Not covered	**0%** / 50%
Optimum Value Medication List	N/A	N/A	N/A	N/A
Rx Tier 1 (Preferred generics)**	**$10**	**$10**	**$10**	**0%**
Rx Tier 2 (Generics)**	**$35**	**$35**	**$35**	**0%**
Rx Tier 3 (Preferred brands)**	**$50**	**$50**	**$50**	**0%**
Rx Tier 4 (Brands)**	**50%**	**50%**	**50%**	**0%**
Rx Tier 5 (Preferred specialty)**	**20%**	**20%**	**20%**	**0%**
Rx Tier 6 (Specialty)**	**50%**	**50%**	**50%**	**0%**

Light-gray box = Deductible applies

Dark-gray box = Deductible waived for in-network care. Out-of-network care is subject to the out-of-network deductible.

*Gold Abound 3500 is a sole plan offering.

**In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Gold 2500 plan on RealValue Network which is not covered out of the network.)

ASURIS NORTHWEST HEALTH

Asuris Employee Select℠ Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Silver 3000		Silver Essential 3000	Silver Essential 4000
Networks offered on these plans	**Preferred** In network / Out of network	**RealValue** In network / Out of network	**Preferred** In network / Out of network	**Preferred** In network / Out of network
Deductible	**$3,000** / $5,000	**$3,000** / Not covered	**$3,000** / $5,000	**$4,000** / $5,000
Out-of-pocket maximum	**$8,650** / $10,000	**$8,650** / Not covered	**$8,500** / $10,000	**$8,150** / $10,000
Preventive care	Covered in full for in-network services			
Asuris Motivate®	**3% discount on medical premium; up to $150 for eligible employees and spouses/domestic partners**			
Employee Assistance Program	Covered in full (4 counseling visits per incident)			
Behavioral health	**$40** / 50%	**$40** / Not covered	**30%** / 50%	**20%** / 50%
Virtual care	**$10** / 50%	**$10** / Not covered	Covered in full for in-network services	
Primary care provider	**$40** / 50%	**$40** / Not covered	**$40** for first 10 combined visits; then deductible and **30%** / 50%	**$40** for first 4 combined visits; then deductible and **20%** / 50%
Specialist	**$60** / 50%	**$60** / Not covered		
Urgent care	**$60** / 50%	**$60** / Not covered		
Maternity	**35%** / 50%	**35%** / Not covered	**30%** / 50%	**20%** / 50%
Inpatient hospital	**35%** / 50%	**35%** / Not covered	**30%** / 50%	**20%** / 50%
Outpatient surgery & services	**35%** / 50%	**35%** / Not covered	**30%** / 50%	**20%** / 50%
Outpatient lab & radiology	**35%** / 50%	**35%** / Not covered	**30%** / 50%	**20%** / 50%
Outpatient complex lab & imaging	**35%** / 50%	**35%** / Not covered	**30%** / 50%	**20%** / 50%
Outpatient rehab	**$40** / 50%	**$40** / Not covered	**30%** / 50%	**20%** / 50%
Emergency room*	**$400** then coinsurance	**$400** then coinsurance	**30%**	**20%**
Hearing instruments and services: 1 instrument per ear every 36 months	**0%** / 50%	**0%** / Not covered	**0%** / Covered in full out of network	
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at **$0** / 50% (**$0** / Not covered for Silver 3000 plan on RealValue Network)			
Pediatric dental up to age 19*	**0%** Preventive, **20%** Basic, **50%** Major			
Acupuncture (no limit) **/ spinal manipulation** (10 visits per year)	**$40** / 50%	**$40** / Not covered	**30%** / 50%	**20%** / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	**$35** / 50%	**35%** / Not covered	**30%** / 50%	**20%** / 50%
Optimum Value Medication List	N/A	N/A	N/A	N/A
Rx Tier 1 (Preferred generics)*	**$20**	**$20**	**$15**	**$10**
Rx Tier 2 (Generics)*	**$35**	**$35**	**$35**	**$35**
Rx Tier 3 (Preferred brands)*	**$60**	**$60**	**25%**	**25%**
Rx Tier 4 (Brands)*	**50%**	**50%**	**50%**	**50%**
Rx Tier 5 (Preferred specialty)*	**20%**	**20%**	**20%**	**20%**
Rx Tier 6 (Specialty)*	**50%**	**50%**	**50%**	**50%**

Light-gray box = Deductible applies

Dark-gray box = Deductible waived for in-network care.
Out-of-network care is subject to the out-of-network deductible.

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Silver 3000 plan on RealValue Network, which is not covered out of the network.)

ASURIS NORTHWEST HEALTH

Asuris Employee Select℠ Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Silver 5500	No-math plan Bronze 8850	Bronze Essential 7500	
Networks offered on these plans	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**RealValue** **In network /** Out of network
Deductible	**$5,500** / $7,500	**$8,850** / $10,000	**$7,500** / $10,000	**$7,500** / Not covered
Out-of-pocket maximum	**$7,900** / $10,000	**$8,850** / $15,000	**$9,600** / $15,000	**$9,600** / Not covered
Preventive care	Covered in full for in-network services			
Asuris Motivate®	**3% discount on medical premium; up to $150 for eligible employees and spouses/domestic partners**			
Employee Assistance Program	Covered in full (4 counseling visits per incident)			
Behavioral health	**$40** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Virtual care	**$10** / 50%	**0%** / 50%	Covered in full for in-network services	
Primary care provider	**$40** / 50%	**0%** / 50%	**$40** for first 4 combined visits; then deductible and **30%** / 50%	**$40** for first 4 combined visits; then deductible and **30%** / Not covered
Specialist	**$60** / 50%	**0%** / 50%		
Urgent care	**$60** / 50%	**0%** / 50%		
Maternity	**50%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Inpatient hospital	**50%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Outpatient surgery & services	**50%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Outpatient lab & radiology	**50%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Outpatient complex lab & imaging	**50%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Outpatient rehab	**$40** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Emergency room*	**$400** then coinsurance	**0%**	**30%**	**30%**
Hearing instruments and services: 1 instrument per ear every 36 months	**0%** / Covered in full out of network			**0%** / Not covered
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at **$0** / 50% (**$0** / Not covered for Bronze Essential 7500 plan on RealValue Network)			
Pediatric dental up to age 19*		**0%** Preventive, **20%** Basic, **50%** Major		
Acupuncture (no limit) **/ spinal manipulation** (10 visits per year)	**$40** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
In-network coinsurance for other covered medical care / out-of-network coinsurance	**50%** / 50%	**0%** / 50%	**30%** / 50%	**30%** / Not covered
Optimum Value Medication List	N/A	Yes	N/A	N/A
Rx Tier 1 (Preferred generics)*	**$20**	**0%**	**$10**	**$10**
Rx Tier 2 (Generics)*	**$35**	**0%**	**$35**	**$35**
Rx Tier 3 (Preferred brands)*	**$60**	**0%**	**25%**	**25%**
Rx Tier 4 (Brands)*	**50%**	**0%**	**50%**	**50%**
Rx Tier 5 (Preferred specialty)*	**20%**	**0%**	**20%**	**20%**
Rx Tier 6 (Specialty)*	**50%**	**0%**	**50%**	**50%**

Light-gray box = Deductible applies

Dark-gray box = Deductible waived for in-network care.
Out-of-network care is subject to the out-of-network deductible.

* In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Bronze Essential 7500 plan on RealValue Network, which is not covered out of the network.)

ASURIS NORTHWEST HEALTH

Asuris Employee Select℠ Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Gold HSA 1800		Silver HSA 3000		Silver HSA Embedded 3600
Networks offered on these plans	**Preferred** In network / Out of network	**RealValue** In network / Out of network	**Preferred** In network / Out of network	**RealValue** In network / Out of network	**Preferred** In network / Out of network
Deductible	**$1,800** / $5,000	**$1,800** / Not covered	**$3,000** / $5,000	**$3,000** / Not covered	**$3,600** / $5,000
Out-of-pocket maximum	**$4,500** / $10,000	**$4,500** / Not covered	**$7,000** / $10,000	**$7,000** / Not covered	**$6,700** / $10,000
Preventive care	Covered in full for in-network services				
Asuris Motivate®	**3% discount on medical premium; up to $150 for eligible employees and spouses/domestic partners**				
Employee Assistance Program	Covered in full (4 counseling visits per incident)				
Behavioral health	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Virtual care	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Primary care provider	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Specialist	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Urgent care	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Maternity	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Inpatient hospital	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Outpatient surgery & services	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Outpatient lab & radiology	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Outpatient complex lab & imaging	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Outpatient rehab	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Emergency room*	**20%**	**20%**	**30%**	**30%**	**25%**
Hearing instruments and services: 1 instrument per ear every 36 months	**0%** after the IRS Minimum Required Deductible of $1,700 is met / 0% after full deductible is met	**0%** / Not covered	**0%** after the IRS Minimum Required Deductible of $1,700 is met / 0% after full deductible is met	**0%** / Not covered	**0%** after the IRS Minimum Required Deductible of $1,700 is met / 0% after full deductible is met
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at **$0** / 50% (**$0** / Not covered for Gold HSA 1800 and Silver HSA 3000 plans on RealValue Network)				
Pediatric dental up to age 19*	**0%** Preventive, **20%** Basic, **50%** Major				
Acupuncture (no limit) **/ spinal manipulation** (10 visits per year)	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	**20%** / 50%	**20%** / Not covered	**30%** / 50%	**30%** / Not covered	**25%** / 50%
Optimum Value Medication List	Yes	Yes	Yes	Yes	Yes
Rx Tier 1 (Preferred generics)*	**10%**	**10%**	**10%**	**10%**	**10%**
Rx Tier 2 (Generics)*	**25%**	**25%**	**25%**	**25%**	**25%**
Rx Tier 3 (Preferred brands)*	**25%**	**25%**	**35%**	**35%**	**35%**
Rx Tier 4 (Brands)*	**50%**	**50%**	**50%**	**50%**	**50%**
Rx Tier 5 (Preferred specialty)*	**20%**	**20%**	**20%**	**20%**	**20%**
Rx Tier 6 (Specialty)*	**50%**	**50%**	**50%**	**50%**	**50%**

Light-gray box = Deductible applies Dark-gray box = Deductible waived

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Gold HSA 1800 and Silver HSA 3000 plans on RealValue Network, which is not covered out of the network.)

ASURIS NORTHWEST HEALTH

Asuris Employee Select℠ Plan Options

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	No-math plan Silver HSA 5450	Silver HSA 3500	Bronze HSA 6000	
Networks offered on these plans	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**Preferred** **In network /** Out of network	**RealValue** **In network /** Out of network
Deductible	**$5,450** / $7,500	**$3,500** / $5,000	**$6,000** / $10,000	**$6,000** / Not covered
Out-of-pocket maximum	**$5,450** / $15,000	**$6,900** / $10,000	**$7,500** / $15,000	**$7,500** / Not covered
Preventive care	Covered in full for in-network services			
Asuris Motivate®	**3% discount on medical premium; up to $150 for eligible employees and spouses/domestic partners**			
Employee Assistance Program	Covered in full (4 counseling visits per incident)			
Behavioral health	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Virtual care	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Primary care provider	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Specialist	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Urgent care	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Maternity	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Inpatient hospital	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Outpatient surgery & services	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Outpatient lab & radiology	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Outpatient complex lab & imaging	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Outpatient rehab	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / Not covered
Emergency room*	**0%**	**20%**	**50%**	**50%**
Hearing instruments and services: 1 instrument per ear every 36 months	**0%** after the IRS Minimum Required Deductible of $1,700 is met / 0% after full deductible is met			**0%** / Not covered
Pediatric vision up to age 19	Annual eye exam plus 1 pair of frames and lenses or contacts once per year at **$0** / 50% (**$0** / Not covered for Bronze HSA 6000 plan on RealValue Network)			
Pediatric dental up to age 19*	**0%** Preventive, **20%** Basic, **50%** Major			
Acupuncture (no limit) **/ spinal manipulation** (10 visits per year)	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / 50%
In-network coinsurance for other covered medical care / out-of-network coinsurance	**0%** / 50%	**20%** / 50%	**50%** / 50%	**50%** / 50%
Optimum Value Medication List	Yes	Yes	Yes	Yes
Rx Tier 1 (Preferred generics)*	**0%**	**10%**	**50%**	**50%**
Rx Tier 2 (Generics)*	**0%**	**25%**	**50%**	**50%**
Rx Tier 3 (Preferred brands)*	**0%**	**35%**	**50%**	**50%**
Rx Tier 4 (Brands)*	**0%**	**50%**	**50%**	**50%**
Rx Tier 5 (Preferred specialty)*	**0%**	**20%**	**20%**	**20%**
Rx Tier 6 (Specialty)*	**0%**	**50%**	**50%**	**50%**

Light-gray box = Deductible applies Dark-gray box = Deductible waived

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network. (Excludes pediatric dental on Bronze HSA 6000 plan on RealValue Network, which is not covered out of the network.)

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