### Monthly Contribution
- **ECP**
  - $17 Single
  - $34 Family

- **HMO**
  - $17 Single
  - $34 Family

### Deductible
(Amount you pay annually before the plan begins to pay a portion of the costs)
- **ECP**
  - $400 Single
  - $675 Family

- **HMO**
  - $400 Single
  - $675 Family

### Coinsurance
(Amount you pay after your deductible is met)
- **ECP**
  - 10%

- **HMO**
  - N/A

### Out-of-Pocket Max
(Total amount you pay annually before the plan covers 100% of covered costs)
- **ECP**
  - $800 Single
  - $1,475 Family

- **HMO**
  - N/A

### Primary Care Physician (PCP) Office Visit
- **ECP**
  - $25 Copay / Visit (UNLIMITED)

- **HMO**
  - $25 Copay

### Specialist Office Visit
- **ECP**
  - $35 Copay / Visit (NEW & UNLIMITED)

- **HMO**
  - $35 Copay

### Urgent Care
(Including Retail Health Clinics)
- **ECP**
  - $50 Copay

- **HMO**
  - $50 Copay

### Emergency Room
(Waived if admitted)
- **ECP**
  - $125 Copay

- **HMO**
  - $125 Copay

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1. Reflects in-network costs
2. Protected population: single or family $17
3. Does not apply to protected population
(Refer to plan materials for actual costs)