

Available Land O'Lakes Cooperative Farmer Member Health Plan Designs

Type of Care	Platinum \$500	Gold \$1,250	Silver \$2,000	Silver \$2,000 HSA	Silver \$3,500 HSA	Bronze \$4,500	Bronze \$6,500 HSA	Bronze \$7,900
Preventive Care	Free	Free	Free	Free	Free	Free	Free	Free
Deductible/Year								
• Per Person	\$500	\$1,250	\$2,000	\$2,000	\$3,500	\$4,500	\$6,500	7,900
• Family	\$1,000	\$2,500	\$4,000	\$4,000	\$7,000	\$9,000	\$13,000	\$15,800
<i>All plans are embedded except for Silver 2000 HSA</i>								
Out-of-Pocket Max/Year**								
• Per Person	\$1,500	\$2,500	\$4,000	\$6,500	\$3,500	\$6,500	\$6,500	7,900
• Family	\$3,000	\$5,000	\$8,000	\$13,000	\$7,000	\$13,000	\$13,000	\$15,800
<i>**Includes deductible. All plans are embedded Except for Silver 2000 HSA</i>								
Primary Care Office Visit	\$25	\$30	\$30	30% after ded.	Free after ded.	\$30	Free after ded.	Free after ded.
Specialist Office Visit	\$25	\$50	\$50	30% after ded.	Free after ded.	\$50	Free after ded.	Free after ded.
Urgent Care	\$25	\$75	\$75	30% after ded.	Free after ded.	\$75	Free after ded.	Free after ded.
Generic Rx*	\$5	\$10	\$10	30% after ded.	Free after ded.	\$10	Free after ded.	Free after ded.
Preferred Brand Rx*	\$25	\$50	\$50	30% after ded.	Free after ded.	\$50	Free after ded.	Free after ded.
Non-Preferred Brand Rx*	50% after ded.	50% after ded.	50% after ded.	50% after ded.	Free after ded.	50% after ded.	Free after ded.	Free after ded.
Specialty Rx	10% after ded.	20% after ded.	20% after ded.	30% after ded.	Free after ded.	20% after ded.	Free after ded.	Free after ded.
<i>*Through mail-order you get 3 months for the price of 2)</i>								
Emergency Room	10% after ded.	\$500	\$500	30% after ded.	Free after ded.	\$500	Free after ded.	Free after ded.
Surgical Care	10% after ded.	20% after ded.	20% after ded.	30% after ded.	Free after ded.	20% after ded.	Free after ded.	Free after ded.
In-Patient Care	10% after ded.	20% after ded.	20% after ded.	30% after ded.	Free after ded.	20% after ded.	Free after ded.	Free after ded.
Misc.	10% after ded.	20% after ded.	20% after ded.	30% after ded.	Free after ded.	20% after ded.	Free after ded.	Free after ded.
Out of Network <i>(applies to all plans)</i>	50% after \$10,000/\$20,000 (Single, Family) Deductible							

To enroll or learn more:

gravie.com/coop

844.538.4690