

Benefit	Plan A	Plan B	HD Plan
	Calendar Year Deductible "CYD"	Calendar Year Deductible "CYD"	Plan Year Deductible "PYD"
In Network	\$190 Individual/\$570 Family	\$850 Individual/\$2,550 Family	\$2,900 Individual/\$5,800 Family
Out Of Network	\$380 Individual/\$1,140 Family	\$1,700 Individual/\$5,100 Family	\$5,800 Individual/\$11,600 Family
Max out of Pocket			
In Network	\$1,590 Individual/\$4,770 Family	\$2,800 Individual/\$8,350 Family	\$6,900 Individual/\$13,800 Family
Out Of Network	Unlimited Individual/Family	Unlimited Individual/Family	Unlimited Individual/Family
Inpatient Hospital Services			
In Network	You pay 15% Plan pays 85% after CYD	You pay 25% Plan pays 75% after CYD	You pay 20% Plan pays 80% after PYD
Out Of Network	\$1,200/Confinement Ded, then plan pays 55% after CYD	\$1,200/Confinement Ded, then plan pays 50% after CYD	\$1,200/Confinement Ded, then plan pays 50% after PYD
Outpatient Hospital Services			
In Network	You pay 15% Plan pays 85% after CYD	You pay 25% Plan pays 75% after CYD	You pay 20% Plan pays 80% after PYD
Out Of Network	You pay 45% Plan pays 55% after CYD	You pay 50% Plan pays 50% after CYD	You pay 50% Plan pays 50% after PYD
Emergency Care: <u>Non-emergent services at out of Network facilities will NOT be covered by the Plan</u>			
FREESTANDING ER	\$500 Copay for Emergency Non-emergent services NOT covered	\$500 Copay for Emergency Non-emergent services NOT covered	\$500 Copay for Emergency Non-emergent services NOT covered
In Network	You pay 15% Plan pays 85% after CYD	\$120 Co-Pay Waived if Admitted	You pay 20% Plan pays 80% after PYD
Out Of Network	You pay 15% Plan pays 85% after CYD Non-emergent services NOT covered	\$120 Co-Pay Waived if Admitted Non-emergent services NOT covered	You pay 20% Plan pays 80% after PYD Non-emergent services NOT covered
Physician Office Visit: <u>All employees enrolled must have a Wellness Visit or a surcharge will apply.</u>			
In Network	You pay 20% Plan pays 80% after CYD	\$25 PCP Copay \$40 Specialist Copay	You pay 20% Plan pays 80% after PYD
Out Of Network	You pay 35% Plan pays 65% after CYD	You pay 40% Plan pays 60% after CYD	You pay 40% Plan pays 60% after PYD
Routine Preventive Care	100% of allowable charges - In Network Only		
Retail Drugs - 30 day supply			
Generic	\$19 Co-Pay/\$0 for certain generics		You pay 20% Plan pays 80% after PYD
Brand with no Generic available	You pay 30% _ Plan pays 70% - \$175 max		You pay 20% Plan pays 80% after PYD
Brand with Generic Available	You pay 50% _ Plan pays 50%		You pay 50% Plan pays 50% after PYD
Therapeutic Alternative Tier	You pay 40% _ Plan pays 60% - \$200 max		You pay 40% Plan pays 60% after PYD \$205 max out of pocket
Specialty Drug	You pay 30% _ Plan pays 70% - \$175 max One fill allowed then mandatory mail order		You pay 20% Plan pays 80% after PYD One fill allowed then mandatory mail order
Mail Order 90 day supply			
Generic	\$7 Co-Pay/\$0 for certain generics		You pay 20% Plan pays 80% after PYD
Brand with no Generic available	You pay 25% _ Plan pays 75% - \$350 max		You pay 20% Plan pays 80% after PYD
Brand with Generic Available	You pay 40% _ Plan pays 60%		You pay 40% Plan pays 60% after PYD
Therapeutic Alternative Tier	You pay 35% _ Plan pays 65% - \$385 max		You pay 35% Plan pays 65% after PYD \$385 max out of pocket
Specialty Drug	You pay 25% _ Plan pays 75% - \$350 max		You pay 20% Plan pays 80% after PYD
Payroll Deductions	Plan A	Plan B	HD Plan
Employee Only	\$347.00	\$212.00	\$104.00
Employee and Child(ren)	\$613.00	\$416.00	\$327.00
Employee and Spouse	\$762.00	\$517.00	\$451.00
2 Employee and Spouse*	\$537.00	\$292.00	\$226.00
Employee and Family	\$1,049.00	\$735.00	\$647.00
2 Employee and Family	\$824.00	\$510.00	\$422.00