

# Health Plan Benefit Plan Summary

	Choice High Deductible Plan		Standard PPO Plan	
	Annual Deductible		Annual Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$1,750	\$3,500	\$1,250	\$10,000
Family	\$3,500	\$7,000	\$3,750	\$30,000
	Out-of-Pocket Maximum		Out-of-Pocket Maximum	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$3,300	\$7,000	\$3,500	\$20,000
Family	\$6,550	\$14,000	\$9,000	\$60,000
Covered Service	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	100% (not subject to the deductible)	55% after deductible is met	100% (not subject to the deductible)	55% after deductible is met
Office Visits	85% after deductible is met	55% after deductible is met	\$25 copay	55% after deductible is met
Specialist Office Visit	85% after deductible is met	55% after deductible is met	\$50 copay	55% after deductible is met
Urgent Care	85% after deductible is met	55% after deductible is met	\$75 copay	55% after deductible is met
Emergency Room	85% after deductible is met	55% after deductible is met	\$250 copay	55% after deductible is met
Inpatient Facility Services	85% after deductible is met	55% after deductible is met	\$250 copay, 75% after deductible is met	\$250 copay, 55% after deductible is met
Outpatient Charges	85% after deductible is met	55% after deductible is met	75% after deductible is met	55% after deductible is met
Pharmacy	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Prescriptions	100% (see approved list on benefits website)		100% (see approved list on benefits website)	50%/\$30 minimum copay
Retail Tier 1 (generic)	85% after deductible is met	55% after deductible is met	\$10 copay	50%/\$30 minimum copay
Retail Tier 2 (brand; formulary)	85% after deductible is met	55% after deductible is met	\$45 copay	50%/\$30 minimum copay
Retail Tier 3 (brand; non-formulary)	85% after deductible is met	55% after deductible is met	\$90 copay	50%/\$30 minimum copay
Retail Tier 4 (Specialty)	85% after deductible is met	55% after deductible is met	10% to \$150 copay	50%/\$30 minimum copay
Mail Order (90 day supply)	85% after deductible is met	55% after deductible is met	\$20/\$112.50/\$225/10% to \$300	50%/\$30 minimum copay

24 Pays Employee Premium	Choice HDHP	Standard
Employee Only	\$31.09	\$85.77
Employee + Child(ren)	\$59.57	\$165.47
Employee + Spouse	\$67.88	\$187.47
Family	\$100.06	\$276.07

18 Pays Employee Premium	Choice HDHP	Standard
Employee Only	\$41.45	\$114.35
Employee + Child(ren)	\$79.96	\$220.62
Employee + Spouse	\$90.51	\$249.71
Family	\$133.41	\$368.09