

SUMMARY OF MEDICAL BENEFITS

High Deductible Health Plan (HDHP)

HDHP		
Plan Year Deductible	In-Network	Out-of-Network
Employee Only	\$2,800	\$5,000
Family	\$5,600	\$10,000
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee Only	\$5,000	\$10,000
Family	\$10,000	\$20,000
Preventative Care	100% Covered	50%*
Office Visits		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Hospital Services	20%*	50%*
Emergency Services **		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	20%*	50%*
Chiropractic Services	20%*	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
Prescription Drug Coverage	Retail 30-Day Supply	Mail Order 90-Day Supply
Generic	100% Covered	100% Covered
Preferred Brand	\$45 Copay*	\$112.50 Copay*
Non-Preferred Brand	\$90 Copay*	\$225 Copay*
Specialty	\$250 Copay*	Not available

HDHP Rates

Amounts shown reflect the member's bi-weekly contributions.

Employee	\$47.30
Employee + Spouse	\$377.52
Employee + Child(ren)	\$316.87
Family	\$497.88

NOTES:

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency