

MEDICAL

PLAN FEATURE	STANDARD EPO		PREMIER		HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN YEAR DEDUCTIBLE						
Individual	\$2,500	No Benefits	\$1,500	\$5,000	\$3,500	\$5,000
Family	\$5,000	No Benefits	\$3,000	\$10,000	\$7,000	\$10,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE AND COPAYS)						
Individual	\$5,500	No Benefits	\$5,500	\$10,000	\$5,500	\$10,000
Family	\$11,000	No Benefits	\$11,000	\$20,000	\$11,000	\$20,000
	YOU PAY		YOU PAY		YOU PAY	
COINSURANCE / COPAYS						
Preventive Care	No Charge	No Benefits	No Charge	50%*	No Charge	50%*
Primary Care Physician	\$25 copay	No Benefits	\$25 copay	50%*	20%*	50%*
Specialist	\$50 copay	No Benefits	\$50 copay	50%*	20%*	50%*
Lab Services, X-rays and Diagnostic Imaging	20%*	No Benefits	20%*	50%*	20%*	50%*
Urgent Care (Facility only)	\$75 copay	No Benefits	\$75 copay	50%*	20%*	50%*
Emergency Room (Facility only – waived if admitted)	\$250 copay**	\$250 copay**	\$250 copay**	\$250 copay**	20%*	20%*
Ambulance	20%*	No Benefits	20%*	50%*	20%*	20%*
Hospital Precertification Penalty	N/A	No Benefits	N/A	50% of benefit	N/A	50% of benefit
Inpatient Hospital Services	20% after \$500 per confinement copay and deductible	No Benefits	50% after \$500 per confinement copay and deductible	50%*	20%*	50%*
Outpatient Facility Services	20%*	No Benefits	20%*	50%*	20%*	50%*
Outpatient Surgery	20%*	No Benefits	20%*	50%*	20%*	50%*
Mental Health/Substance Abuse Inpatient	20% after \$500 per confinement copay and deductible	No Benefits	20% after \$500 per confinement copay and deductible	50% after \$500 per confinement copay and deductible	20%*	50%*
Mental Health/ Substance Abuse Outpatient	\$25 copay	No Benefits	\$25 copay	50%*	20%*	50%*

* After deductible

** Coinsurance will apply for non-emergency services

COVERAGE OPTIONS	BIWEEKLY PAYCHECK COST		
	WITH TWO WELLNESS MEMBERS	WITH ONE WELLNESS MEMBER	WITHOUT WELLNESS DISCOUNT
STANDARD MEDICAL EPO			
Team Member Only	\$33.99	\$33.99	\$57.07
Team Member + Spouse/ Domestic Partner*	\$103.46	\$126.54	\$149.61
Team Member + Children	\$95.95	\$95.95	\$119.02
Team Member + Family	\$165.03	\$188.10	\$211.18
PREMIER MEDICAL PPO			
Team Member Only	\$68.15	\$68.15	\$91.23
Team Member + Spouse/ Domestic Partner*	\$173.56	\$196.64	\$219.71
Team Member + Children	\$164.51	\$164.51	\$187.59
Team Member + Family	\$253.86	\$276.94	\$300.02
HIGH DEDUCTIBLE HEALTH PLAN			
Team Member Only	\$22.08	\$22.08	\$45.16
Team Member + Spouse/ Domestic Partner*	\$70.83	\$93.91	\$116.99
Team Member + Children	\$73.26	\$73.26	\$96.33
Team Member + Family	\$116.39	\$139.47	\$162.55