



Medical: Plan Bill

Benefit	In-Network	Out-of-Network
Annual Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$10,000 Family: \$20,000
Out-of-Pocket Maximum	\$7,500 per member \$15,000 per family	N/A
Office Visits Primary Care Physician Specialist Urgent Care	\$20 copay after ded. \$40 copay after ded. \$40 copay after ded.	50% after ded. 50% after ded. 50% after ded.
Preventive Care Adult & Pediatric Preventive Care Screening Gynecological Exam Screening Mammogram	100% covered; ded. waived 100% covered; ded. waived 100% covered; ded. waived	100% covered; ded. waived 100% covered; ded. waived 100% covered; ded. waived
Diagnostic Services Routine Radiology High Tech Imaging (MRI, CT, PET Scans) Outpatient Laboratory	100% after ded. 100% after ded. 100% after ded.	50% after ded. 50% after ded. 50% after ded.
Emergency Room	\$125 copay after in-network ded.	
Inpatient Hospital	100% after ded.	50% after ded.
Prescription Drugs <i>Retail Pharmacy (30-day supply)</i> Generic Preferred Generic Non-Preferred Brand Preferred Brand Non-Preferred <i>Mail Order (90-day supply)</i> Generic Preferred Generic Non-Preferred Brand Preferred Brand Non-Preferred <i>Specialty (30-day supply)</i> Generic Preferred Generic Non-Preferred Brand Preferred Brand Non-Preferred	\$7 copay after ded. \$25 copay after ded. \$55 copay after ded. \$80 copay after ded. \$14 copay after ded. \$50 copay after ded. \$110 copay after ded. \$160 copay after ded. \$100 copay after ded. 20% up to \$350 after ded. \$100 copay after ded. 20% up to \$350 after ded.	Not covered

Enrollment Tier	Per Pay Cost with Wellness	Per Pay Cost Without Wellness
Employee Only	\$55.00	\$65.00
Employee & Spouse	\$169.00	\$189.00
Employee & Child(ren)	\$141.00	\$151.00
Family	\$260.00	\$280.00

Per Pay Cost with Wellness includes both employee & spouse discounts.