

Medical Plan Pricing					
Tier	HSA Base	HSA Primary	HSA Select	PPO Primary	PPO Select
Employee Only	\$150.98	\$170.13	\$230.17	\$388.73	\$614.39
Employee and Spouse	\$308.06	\$347.60	\$468.85	\$784.42	\$1233.73
Employee and Children	\$298.12	\$336.39	\$455.84	\$770.40	\$1218.49
Family	\$460.09	\$519.41	\$700.98	\$1173.01	\$1845.38
Medical Plan Details					
Detail	HSA Base	HSA Primary	HSA Select	PPO Primary	PPO Select
Deductible (Individual)	In Network:\$6,650 / Out of Network:\$13,300	In Network:\$3,100 / Out of Network:\$6,200	In Network:\$1,600 / Out of Network:\$3,200	In Network:\$1,100 / Out of Network:\$2,200	In Network: \$600 / Out of Network: \$1,200
Deductible (Family)	In Network:\$13,300 / Out of Network:\$26,600	In Network:\$6,200 / Out of Network:\$12,400	In Network:\$3,200 / Out of Network:\$6,400	In Network:\$2,200 / Out of Network:\$4,400	In Network:\$1,200 / Out of Network:\$2,400
Coinsurance	In Network: 100% / Out of Network: 80%	In Network: 70% / Out of Network: 60%	In Network: 80% / Out of Network: 60%	In Network: 80% / Out of Network: 60%	In Network: 90% / Out of Network: 70%
Out-of-Pocket Maximum (Individual)	In Network:\$6,650 / Out of Network:\$25,800	In Network:\$6,300 / Out of Network:\$24,000	In Network:\$4,300 / Out of Network:\$16,000	In Network:\$4,300 / Out of Network:\$16,000	In Network:\$3,300 / Out of Network:\$12,000
Out-of-Pocket Maximum (Family)	In Network:\$13,300 / Out of Network:\$51,600	In Network:\$12,600 / Out of Network:\$48,000	In Network:\$8,600 / Out of Network:\$32,000	In Network:\$8,600 / Out of Network:\$32,000	In Network:\$6,600 / Out of Network:\$24,000
Preventive care/screening/immunization	100%	100%	100%	100%	100%
Specialist visit	In Network: 100% / Out of Network: 80%	In Network: 70% / OON: 60%	In Network: 80% / Out of Network: 60%	\$60 (deductible waived) / Out of Network: 60%	\$50 (deductible waived) / Out of Network: 70%
Outpatient Surgery	In Network: 100% / Out of Network: 80%	In Network: 70% / OON: 60%	In Network: 80% / Out of Network: 60%	In Network: 80% / Out of Network: 60%	In Network: 90% after deductible
Emergency room services	In Network: 100% / Out of Network: 100%	In Network: 70% / OON: 70%	In Network: 80% / Out of Network: 80%	\$250 co-pay / Out of Network: \$250 co-pay	\$200 co-pay / Out of Network: \$200 co-pay
Specialty drugs	100% after ded	30% coins after ded	20% coins after ded	20% Coinsurance; Ded Waived	20% Coinsurance; ded waived
Generic drugs	100% after ded	20% coins after ded	20% coins after ded	\$15 Copay	\$10 Copay
Preferred brand drugs	100% after ded	30% coins after ded	20% coins after ded	\$60 Copay	\$50 Copay
Non-preferred brand drugs	100% after ded	50% coins after ded	20% coins after ded	\$80 Copay	\$75 copay